



Credit Card Authorization Form

FAX THIS FORM TO **202-347-3924** (OFFICE FAX) FOR **FUTURE DATE** OR **202-393-2311** (FRONT DESK FAX) FOR **TODAY'S ARRIVAL**.

PLEASE PHOTOCOPY THE FRONT AND BACK OF YOUR CREDIT CARD AND FAX or EMAIL (reservations@hotel-harrington.com) TO US ALONG WITH THIS FORM.

GUEST'S NAME: _____

CONFIRMATION NUMBER: _____

CHECK-IN DATE: _____

CHECK-OUT DATE: _____

CARDHOLDER'S INFORMATION:

NAME: _____

CREDIT CARD NUMBER: _____ AND CVV _____

CREDIT CARD EXPIRATION DATE: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE NUMBER: _____ OFFICE NUMBER: _____

FAX NUMBER: _____ EMAIL: _____

The cardholder authorizes Hotel Harrington to bill the card for the following charges.

Please Select One Option

____ ROOM, TAX, AND INCIDENTALS: Your card will be charged the full amount before arrival and any incidentals will be charged at check out.

____ ROOM AND TAX ONLY: Your card will be charged the full amount before arrival.

CARDHOLDER'S SIGNATURE: _____

DATE: _____