



HOTEL ALBUQUERQUE  
at old town

## CREDIT CARD AUTHORIZATION FORM

COMPANY NAME:  
CONTACT PERSON:  
CONTACT ADDRESS:  
CITY/STATE/ZIP:  
PHONE:  
FAX:  
CONTACT E-MAIL:

\*This Credit Card Authorization Form authorizes Hotel Albuquerque at Old Town to charge this credit card for all charges and/or balances associated with the event.

### CREDIT CARD INFORMATION:

CREDIT CARD TYPE:	
CREDIT CARD NUMBER:	
EXPIRATION DATE:	
NAME ON CARD:	
CARDHOLDER SIGNATURE	

Please List All Group Contacts Authorized to Add Charges to the Master Account:

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\*\*Hotel Albuquerque at Old Town is not responsible for charges incurred if using a Debit Card.

**Please return completed authorization via e-mail or to the catering direct fax at 505-222-8703.**