

OMNI SHOREHAM HOTEL

CREDIT CARD BILLING AUTHORIZATION

Company Organization: _____

Company Address: _____

Phone: _____ Fax: _____

Function Date(s): _____ Estimated Charges: _____

Bill to:	American Express:	_____	Visa:	_____
	Master Card:	_____	Diners:	_____
	Carte Blanche:	_____	Discover:	_____

Card Number: _____

Expiration Date: _____

Card Holder: _____

Authorization: _____

Signature of Holder: _____ Date: _____

Signature of Sales/Catering Manager: _____ Date: _____

Please provide a photocopy of the front and back of the card you are using along with the completed form.

*Contact Karen Zook at (202) 756-5132 with any questions.
Or fax to (202) 756-5140.*