



**Individual Credit/Debit Card Authorization**

Seattle Marriott Bellevue

200 110th Avenue NE Bellevue, Wa. 98004

**SUBMIT THE COMPLETED FORM TO ONE OF THE FOLLOWING FAX NUMBERS ONLY:**

**Front Desk Fax: 425-214-7659**

**Accounting Fax: 425-214-8543**

**PLEASE PRINT CLEARLY**

<b>Guest Name:</b>	<b>Guest Confirmation #</b>
Arrival Date:	Departure Date:
Guest Phone:	

*Charge Authorized To Bill To Credit Card (Place an X by each applicable type)*

Room & Tax _____	Gift Shop _____	Laundry _____
Phone _____	Restaurant _____	Banquet _____
Internet _____	Lounge _____	Misc _____
Parking _____	Room Service _____	Other (please list) _____

*I hereby authorize Seattle Marriott Bellevue to charge my personal/corporate credit card for expenses incurred as noted above.*

**PCI COMPLIANCE MANDATES THAT FORM MUST BE FAXED  
DO NOT EMAIL OR FAX A COPY OF YOUR CREDIT CARD**

**FORMS RECEIVED VIA EMAIL WILL BE DELETED - FORMS CONTAINING COPIES OF CREDIT CARDS OR PERSONAL IDENTIFICATION WILL BE PROPERLY DESTROYED**

Cardholder Signature \_\_\_\_\_

Card Type (Circle One)      **Amex**      **Visa**      **Mastercard**      **Discover**      **Diners**

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Cardholder Name \_\_\_\_\_

Cardholder Phone \_\_\_\_\_

Cardholder Email \_\_\_\_\_

Cardholder Address \_\_\_\_\_

Cardholder City/State/Zip \_\_\_\_\_

Do you want a copy of the final paid bill emailed to you upon departure? (Circle One)      **YES**      **NO**

**PCI COMPLIANCE MANDATES THAT FORM MUST BE FAXED - DO NOT EMAIL**

**Form must be received by the Hotel at least three (3) days prior to check-in or function date.**

**Hotel Use Only**

Posted Date _____	Approval Code _____
Amount _____	Posted by _____