



THE WHITEHALL HOTEL

105 East Delaware Place, Chicago, IL 60611
Telephone: 312-944-6300 Fax: 312-573-6250

Credit Card Authorization Form

Please fax back to Reservations Department at 312-573-6250

Please enclose a legible copy of the front and back of the credit card being billed and a legible copy of the State ID or Drivers License of the Card Holder along with this form. All copies must be legible when being faxed back to us for processing.

I _____ authorize the use of my credit card for the following charges listed below:

- All Charges: _____
- Room and Tax only: _____
- Room, Tax and Parking: _____
- Room, Tax, and Incidentals (please specify incidentals e.g. minibar, valet, room service, etc.): _____
- Meeting Space: _____
- Other (e.g. A/V, Food and Beverage, Gift bag fees, etc.) _____

If no circle is checked, only Room and Tax will be billed regardless of other instructions. If more than one circle is checked, only Room and Tax will be billed regardless of other instructions.

Name on reservation: _____

Arrival date of reservation: _____

Confirmation number: _____

Credit Card type: _____

Credit Card number: _____ exp: _____

Name as it appears on the credit card: _____

Billing Address: _____

Card Holder's Signature: _____

Additional Comments: _____

Phone number to call if we have questions: _____