



Center City Philadelphia

Credit Card Authorization

Lifesavers Conference, Inc

I, _____ authorize the Hampton Inn to charge my
Please print cardholders name

_____ *Credit card for payment for the following:
Type of credit card

Organization: _____

Date of arrival: _____

Date of Departure: _____

Charge Instructions:

Room and Tax _____ Incidentals/phone charges _____

Food & Beverage _____ Audio/Visual Rental _____

My credit card number is: _____

Expiration Date: _____

Maximum amount to be charged _____

Cardholder's Signature _____ Date: _____

***Note:** Please fax a copy of the front and back of the credit card - cardholder's signature **must** be clear.

Fax back to: The Sales Office at (267) 765-1177

Hampton Inn · 1301 Race Street · Philadelphia · PA · 19107 · Ph (215) 665-9100 · Main Fax (215) 665-9200