

[Link to Credit Card Authorization Form](#)

Please Complete, sign and return by specified deadline:

Fax: 410-727-6223 or mail to:

101 West Fayette Street, Baltimore, MD 21201

**Sheraton Baltimore City Center
Request for Billing to Credit Card**

Due to an increase in Credit Card Fraud and protection of the card holder, we must request that this form be completed in entirety, including attachment of all requested items. Failure to complete any of these will result in non-approval. Please be aware that completion of this letter does not ensure approval of your request. THANK YOU FOR YOUR COOPERATION.

You are requesting the Sheraton Baltimore City Center Hotel to bill charges to your credit card for the individuals/ functions listed below. Please be certain that all signature requests, and copies of identification are clear and legible. Illegible information will result in non-approval of this request. Once completed please attach the following:

- 1: Legible copy front and back of credit card
- 2: legible copy of state issued drivers license of card holder
(SIGNATURE AREA MUST BE LEGIBLE ON BOTH COPIES)

NAME(S) OF INDIVIDUALS / FUNCTIONS YOU ARE AUTHORIZING US TO BILL TO YOUR CREDIT CARD AND ARRIVAL / DEPARTURE DATES FOR EACH.

<i>Function / Group / Individual Name</i>	<i>Arrival / Departure of Function Dates</i>

CHARGES YOU ARE AUTHORIZING:

Room & Tax _____	Parking: _____	Other: _____
Food & Beverage _____	Movies _____	_____
Telephone: _____	All Charges _____	_____
Charges Not To Exceed: \$ _____		

YOUR INFORMATION AS IT APPEARS ON YOUR ACCOUNT:

Last Name: _____ First: _____ Middle: _____

Address: _____

Home Phone: _____ Business Phone: _____

Card Number: _____ Card Type: _____ Expiration Date: _____

I authorize the Sheraton Baltimore City Center Hotel to charge this credit card as indicated above and any outstanding balance not covered by my advance payment, in the event that charges are not completely settled upon conclusion. I understand that a detailed receipt will be mailed to me at the address provided above:

Signature: _____ Date: _____

THIS AREA FILLED OUT BY THE SHERATON HOTEL:

Approval Code: _____	Amount Approved Not To Exceed: \$ _____	_____
Address Verified: _____	Date of Arrival Approval: _____	_____
Phone Verified: _____	Financial Institution Verified: _____	_____