

Queen Anne Hotel
Credit Card Authorization Form

I, _____ hereby authorize Queen Anne Hotel to charge my Credit Card No. _____ Expires (MM/YY) _____ CVN _____ for the following charges ONLY:

- | | |
|-----------------------------|------------------------------------|
| _____ *Room & Tax | _____ *Meeting or Function Space |
| _____ *Phone Calls | _____ *Audio-Visual Rental |
| _____ *Parking & Pkg Tax | _____ *Group Beverage/Snack Set-up |
| _____ *Other: _____ | |
| _____ *All Charges Incurred | |

Guest(s) name I am accepting charges for: _____

Arrival Date: _____ Departure Date: _____ Folio #: _____

A copy of the account will be sent to me by the Hotel following check out.

My mailing address for such copy is:

Name On Card: (please imprint) _____

Cardholder Signature: _____

Date: _____ Phone: _____ Fax: _____

Include Photocopy of Credit Card and Photo ID with return fax.
Fax No. 415-775-5212

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(415) 441-2828