



## Caribe Hilton Hotel

### Authorization Form

Please complete all areas below. Incomplete requests may be rejected. This form must be received at least 5 business days prior to the Check-In, or by specified date in Event Contract, to ensure acceptance.

**SEND COMPLETED FORM TO: (787) 721-6409 or [SJNHI.AR.CARIBE@hilton.com](mailto:SJNHI.AR.CARIBE@hilton.com)**

Guest / Group Name:	
Check-In / Event Date:	
Name of Person/Group Making Reservation:	Phone:
Reservation number:	Reservation Date:

**Guest - Please complete the following section and sign/date below.**

Name as it Appears on Credit Card:		
Billing Address:		
City:	State:	Zip:
Daytime /Business Telephone:		Evening Telephone:
Credit Card Issuing Bank:		Bank phone number:
I agree to cover the following categories of charges: (Please circle)		
Room & Tax	Food & Beverage	Retail      Recreation
I agree to cover the above categories of charges up to a Maximum Amount of \$ _____		
<b><u>Email Address:</u></b>		
<b><u>NOTE CC NUMBER INFO GIVEN VIA TELEPHONE</u></b>		
DIRECT BILL ACCOUNT PAYMENTS ONLY:		
Name on Invoice/Statement _____		Date on Invoice/Statement _____
Invoice/Statement Number _____		Authorized Amount \$ _____

**Note: Charges for room and tax, group deposits or direct bill account payments will be charged to your credit card immediately. Any incidental charges circled above will be charged at the time of check-out.**

Amount to be immediately charged for room and taxes or deposit: \$ \_\_\_\_\_

By signing below, you authorize the hotel to charge your credit card immediately for the amount indicated above up to the "Maximum Amount" indicated above. You further acknowledge that if "all charges" has been selected, then all guest/group related charges (less Deposit) will be charged to the above card number at the time of check-out or event conclusion.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_