



### EVENT PAYMENT AUTHORIZATION

Thank you for choosing the Doubletree by Hilton Miami Airport & Convention Center for your banquet and/or guestroom

Event Name:

Event Date:

Sales Manager:

### BILLING DETAILS

Address:

Phone #:

Email:

### CREDIT CARD INFORMATION

|  |                       |      |                       |      |                       |          |                       |       |                       |
|--|-----------------------|------|-----------------------|------|-----------------------|----------|-----------------------|-------|-----------------------|
| I  | <input type="text"/>  |      |                       |      |                       |          |                       |       |                       |
| Authorize the Doubletree by Hilton Miami Airport & Convention Center to charge my credit card account for: |                       |      |                       |      |                       |          |                       |       |                       |
| ▶ One time payment   |                       |      |                       |      | <input type="radio"/> |          |                       |       |                       |
| ▶ Scheduled deposits as agreed on the event signed contract  |                       |      |                       |      | <input type="radio"/> |          |                       |       |                       |
| Credit Card #  | <input type="text"/>  |      |                       |      |                       |          |                       |       |                       |
| Master Card  | <input type="radio"/> | AMEX | <input type="radio"/> | Visa | <input type="radio"/> | Discover | <input type="radio"/> | Other | <input type="radio"/> |
| Expiration   | <input type="text"/>  |      |                       | CCV  | <input type="text"/>  |          |                       |       |                       |
| Signature  | <input type="text"/>  |      |                       | Date | <input type="text"/>  |          |                       |       |                       |

Consumer's Certificate of Exemption Number:

Please send a copy of the tax-exempt certificate to your Sales/Catering Manager or tax will be charged to the order.

Method of payment must match the tax-exempt entity's name.