



Dear Sir/Madam,

This form has been created in order to allow you to have third party expenses charged to your credit/ debit card. Please provide all the information requested below to ensure prompt processing of your application. Forward this information to us for processing as soon as possible, allowing for a minimum of 48 hours in order for us to execute the billing instructions. **Know that we will process payment according to the below instructions immediately (for room and tax), regardless of your guest's arrival date. Further, should you provide a debit card as payment, these funds will be immediately removed from your account upon our processing this credit card authorization form.** We do not allow cash advances (or payouts) on credit or debit cards. If you are paying with a debit card, our system holds an additional \$100 per day above the balance on the account, and again, the funds are deducted from the account immediately. We ask you to please sign and date the form before submission. Please fax the completed form to the Front Office at (310) 284-6501.

Cardholder Information:

Name as it appears on the credit _____

Card type: Visa MC Amex Diners/CB Discover JCB

Account type: Individual (personal credit card)
 Corporate Company Name: _____

Account number: _____ Expiration: _____

Billing address: _____

City/State/Zip: _____

Phone number: _____ Fax or alternate no.: _____

Guest Information:

Guest name: _____

Company: _____

Phone number: _____ Fax or alternate no.: _____

Confirmation #: _____

Arrival date: _____ Departure date: _____

Relation to cardholder: Relative Friend Business Associate
 Other: _____

Approved Charges:

All Charges Room & Tax Parking Internet
 Telephone Movies Laundry Food & Beverage
 Spa Other: _____

I certify that all information is complete and accurate. I hereby authorize the InterContinental Los Angeles Century City to collect and process payment for all charges as indicated in the "Approved Charges" section of this form by immediately processing a charge to the credit/ debit card listed above. I understand that a new form will have to be completed if the guest wishes to extend his/her stay. I certify that I am the authorized signer of the credit/ debit card listed above. **I understand that the Hotel will process payment immediately and this will remove available funds from my credit and/or debit account(s) immediately.**

Cardholder name (printed): _____ Date: _____

Cardholder signature: _____

FOR OFFICE USE ONLY

Completed by: _____ Date: _____ Verified (if necessary): _____