

**Authorization to Charge Credit Card**

Name of Organization: \_\_\_\_\_

Date of Function: \_\_\_\_\_

Credit Card Type: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date & CVV #: \_\_\_\_\_ CVV #: \_\_\_\_\_

Telephone Number of Credit Card Bank: \_\_\_\_\_

Name of the Credit Card Member: \_\_\_\_\_

Telephone Number of Card Member: \_\_\_\_\_

Address of Card Member: \_\_\_\_\_  
\_\_\_\_\_

**Estimated Amount ONLY:** \_\_\_\_\_

**As the card member, I authorize the Washington Court Hotel to charge the above described charges to my credit card account.**

\_\_\_\_\_  
Credit Card Member Signature

\_\_\_\_\_  
Date

The Washington Court Hotel on Capitol Hill  
525 New Jersey Ave, NW, Washington DC. 20001  
Phone: (202)628-2100 Fax: (202)879-7938  
A Harbaugh Hotel

Office Use Only

Authorization # \_\_\_\_\_ Amount \$ \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_