



Hampton Inn & Suites Albany Downtown
25 Chapel Street
Albany, NY 12210
518-432-7000
518-432-1113 fax

Today's Date: _____

Name of Cardholder: _____

Company/Organization: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone: _____ Fax: _____

Type of Credit Card: American Express Visa Mastercard Diners Discover JCB (circle one)

Credit Card Number: _____ Exp. Date: _____

Payment for (name): _____

Dates of Stay/Event: _____

Other information: _____

Describe Charges : _____ Room & Tax Only
(check all that apply) _____ Room, Tax, and Telephone
_____ Room, Tax, and All Incidental Charges
_____ Meeting Charges (inclusive of rental and food and beverage)
_____ Other (please describe below)

Other Charges: _____

I hereby authorize this property/establishment to charge the above listed credit card for the indicated charges. I state and verify that I am a legal signer and/or the card holder for the listed credit card. By signing below, I agree to pay for the charges incurred by the person(s) and/or organization indicated above.

Signed : _____ Date : _____

Print Name : _____

PLEASE CLEARLY PHOTOCOPY THE FRONT AND BACK OF THE CREDIT CARD AND SUBMIT WITH THIS FORM