



Guest/Group Name: _____

Arrival & Departure Dates: _____

I irrevocably authorize my credit card to be used for the following services at the Hilton El Conquistador:

Please Check One: Direct Billing Guarantee Payment Deposit Only

Check all that apply:

- _____ Room and Tax Only
- _____ All Group Room, Tax and Associated Charges
(including rooms attrition and cancellation)
- _____ All Banquet Food and Beverage and Associated Charges
(including tax, service charges, and food and beverage
attrition and cancellation)
- _____ All Master Account and Other Charges
- _____ Group Deposit of \$ _____ (Per Contract)
- _____ Following Charges Only: _____

Comments:

Credit Card Type: _____

**If used for Direct Billing guarantee, please provide:
Contact person, Billing Address & Telephone #**

Credit Card #: _____

***DO NOT INCLUDE THE FULL
CREDIT CARD NUMBER (middle 8 digits only)**

Expiration Date: _____

_____ Contact Name

Card Holder: _____
Print name exactly as it appears on card

_____ Billing Address

Company Name: _____

_____ City, State Zip

Amount of Charge/Approve: _____

_____ Phone #

Signature: _____

Today's Date: _____

I warrant and represent that I am authorized to agree that
charges for this event are posted to this credit card.

**Please return this form directly to the hotel via fax at 520-544-1224 or USPS mail delivery.

If credit card is used as guarantee of payment, an authorization hold for the estimated balance will be put through 30 days prior to program. All invoices are due in accordance with contract terms. After 30 days if payment is not received, credit card will be charged.