



**CREDIT CARD AUTHORIZATION LETTER**  
*(Please print legibly and fill out all information)*

**FAX TO THE SHERATON DENVER DOWNTOWN HOTEL PCI COMPLIANT FAX NUMBER IN  
OUR ACCOUNTING OFFICE 303-352-2475**

I hereby authorize the Sheraton Denver Downtown Hotel to use the following credit card to process the charges specified below.

Name on Reservation: \_\_\_\_\_

Dates of Stay: \_\_\_\_\_

Confirmation Number: \_\_\_\_\_

Room & Tax: \_\_\_\_\_  
Parking: \_\_\_\_\_  
Phone- \_\_\_\_\_  
Internet \_\_\_\_\_

All Charges: \_\_\_\_\_  
Meals: \_\_\_\_\_  
Other \_\_\_\_\_  
Charges \_\_\_\_\_

**ROOM AND TAX FOR RESERVATIONS ASSOCIATED WITH THIS FORM WILL BE CHARGED  
UPON RECEIPT FOR ALL NIGHTS.**

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

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**THE CREDIT CARD CARDHOLDER SIGNATURE DULY AUTHORIZES  
THE SHERATON DENVER DOWNTOWN HOTEL TO CHARGE ANY AND  
ALL REMAINING BALANCES NOT SETTLED AT THE COMPLETION OF  
THE STAY OR DURING CHECKOUT PROCESS AT THE SHERATON  
DENVER DOWNTOWN HOTEL.**

Cardholder Name (print): \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_