

### *Queen Anne Hotel* **Credit Card Authorization Form**

I, \_\_\_\_\_ hereby authorize Queen Anne Hotel to charge my Credit Card No. \_\_\_\_\_ Expires (MM/YY) \_\_\_\_\_ CVN \_\_\_\_\_ for the following charges ONLY:

- |                             |                                    |
|-----------------------------|------------------------------------|
| _____ *Room & Tax           | _____ *Meeting or Function Space   |
| _____ *Phone Calls          | _____ *Audio-Visual Rental         |
| _____ *Parking & Pkg Tax    | _____ *Group Beverage/Snack Set-up |
| _____ *Other: _____         |                                    |
| _____ *All Charges Incurred |                                    |

Guest(s) name I am accepting charges for: \_\_\_\_\_

Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_ Folio #: \_\_\_\_\_

A copy of the account will be sent to me by the Hotel following check out.

My mailing address for such copy is:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name On Card: (please imprint) \_\_\_\_\_

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

Date: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Include Photocopy of Credit Card and Photo ID with return fax.  
Fax No. 415-775-5212**

---

1590 Sutter St.  
San Francisco CA 94109  
(415) 441-2828