



CREDIT CARD AUTHORIZATION FORM
DO NOT PROVIDE CARD NUMBERS OVER EMAIL. PLEASE CALL THE HOTEL TO PROVIDE YOUR CREDIT CARD NUMBERS

This form is to serve as an authorization to use my (check one) [] Credit Card [] Debit Card

ICS

Room Block Name Check-In Date Check-Out Date

ICS

June 16 to 23, 2019

Event Name Event Date (s)

Contact Name Contact Phone Number Email Address

Guest is allowed the following charges (check all that apply):

- [x] Room Rental and Tax
[] Parking
[] To guarantee rooms only (1 night of room rental and tax, per reservation, is charged for NO SHOW)
[] Room rental & tax & Room damages/fines/fees (Room is put on NO POST, and guest can check in without CC)
[] Conference Room Rental
[] Audio Visual
[] Catering
[] OTHERS (please specify):

This information will be shredded after 210 days

Type of card being used:

- [] Personal MasterCard/Visa/American Express/Discover
[] Government/Corporate/School MasterCard/Visa/American Express /Discover

Cardholder's Name Cardholder's Phone Number Cardholder's Email

Cardholder's Address City State Zip code

Cardholder's Signature Cardholder's Printed Name Date

I understand that an approval and/or charge will be processed against the card listed below. Also, full payment may be taken before, on, or after the event/arrival.

[] [] [] []

(last four digits of card only)

[]

month

[]

year

Last Four Digits of Card Number Expiration Date

SD

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