



Please return this form to:  
[securebilling@clubquarters.com](mailto:securebilling@clubquarters.com) or  
 Fax: +1.203.905.2088 (US) or  
 +44 (0)20 7451.5520 (UK)  
 Forms are processed within one business day

# GUEST BILLING AUTHORIZATION FORM

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Please email a copy of the bill to: \_\_\_\_\_

Name of Guest(s): \_\_\_\_\_ Company Name: \_\_\_\_\_

**Club Quarters Hotel Location:**

- |   |  |
|---|--|
| <input type="checkbox"/> Club Quarters Hotel, Grand Central           | <input type="checkbox"/> Club Quarters Hotel, Trafalgar Square   |
| <input type="checkbox"/> Club Quarters Hotel, Midtown                 | <input type="checkbox"/> Club Quarters Hotel, Central Loop       |
| <input type="checkbox"/> Club Quarters Hotel, opp. Rockefeller Center | <input type="checkbox"/> Club Quarters Hotel, Wacker at Michigan |
| <input type="checkbox"/> Club Quarters Hotel, Wall Street             | <input type="checkbox"/> Club Quarters Hotel in Boston           |
| <input type="checkbox"/> Club Quarters Hotel, World Trade Center      | <input type="checkbox"/> Club Quarters Hotel in Houston          |
| <input type="checkbox"/> Club Quarters Hotel, Gracechurch             | <input type="checkbox"/> Club Quarters Hotel in Philadelphia     |
| <input type="checkbox"/> Club Quarters Hotel, Lincoln's Inn Fields    | <input type="checkbox"/> Club Quarters Hotel in San Francisco    |
| <input type="checkbox"/> Club Quarters Hotel, St. Paul's              | <input type="checkbox"/> Club Quarters Hotel in Washington, DC   |

Confirmation Number(s): \_\_\_\_\_

Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_

**Check one:** Room & Tax Only\*:  All Charges:

\*Any incidental charges not paid by the guest at check-out will be the responsibility of the credit card holder below.

Guest is authorized to extend/modify their stay: Yes  / No

**Credit Card Information**

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

Credit Card Type: Visa Mastercard Amex Discover Diner's Club Other: \_\_\_\_\_

Credit Card Number: Please Enter Last 4 Digits Only

Exp. Date:   /   Billing ZIP Code or Postal Code: \_\_\_\_\_

I authorize Club Quarters Hotels to charge my credit card for the charges accrued by the above guest(s)

Signature \_\_\_\_\_

(To sign this document electronically, type your name in the format /s/Firstname Lastname)

**Please do NOT send a copy of the credit card or cardholder's identification.**