



Credit Card Authorization Form

To complete the authorization according to Credit Card Regulations, please complete this form, include the associated Photo ID, and return to us by email to

Reservations@ParamountHotelSeattle.com

Guest/Group Information:

Please fill out the following information regarding the guest, group, or company.

Guest Name(s): _____

Company Or Group: _____

Dates of Stay: _____

Confirmation Number(s): _____

Items to Be Paid For:

Please check all items to be applied to the credit card.

- | | |
|--------------------------|--|
| <input type="checkbox"/> | Room + Sales and Occupancy Tax of 15.6% + nightly Seattle Tourism Assessment Fee of US\$2 |
| <input type="checkbox"/> | Parking (\$45 plus tax Sun-Thurs, \$55 plus tax Friday-Saturday per night/\$10 surcharge for oversized vehicles) |
| <input type="checkbox"/> | Incidentals - i.e. room service, movies, portorage, food and beverages |
| <input type="checkbox"/> | Amenities Ordered In Attached Form |
| <input type="checkbox"/> | All Banquet Charges, Including Food, Beverage, AV Equipment, and Associated Service Charges & Taxes |
| <input type="checkbox"/> | Group Deposit - Per Contact \$ _____ |
| <input type="checkbox"/> | Other: Specify Below in Comments |

Comments: _____

Credit Card Verification:

You must contact the Hotel directly and verbally provide complete credit card number to guarantee reservation.

Last 4 digits on the card: _____ Expiration Date: _____/_____
American Express Visa MasterCard Discover JCB Other

Name on Credit Card: _____

Cardholder's Billing Address: _____

City: _____ State: _____ Postal Code: _____

Cardholder's Signature: _____

I, _____ declare that I am authorized to allow Paramount Hotel Seattle to charge this credit card for the items checked above. Any change in applicable taxes after booking will affect the grand total of my stay. I acknowledge that my credit card will be charged in the event of No-Show and/or Cancellation within the Cancellation Policy stated in the Reservation Confirmation.

Contact Information:

Please contact the following person in the event payment processing of the above items is unsuccessful:

Contact Name: _____

Phone: _____ Email: _____