



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.

- Room + Sales and Occupancy Tax of 15.6% + nightly Seattle Tourism Assessment Fee of US\$2
- Parking (\$41 plus tax/\$51 plus tax for oversized vehicles)
- Incidentals - phone calls, room service, movies, portorage
- Amenities Ordered In Attached Form
- All Banquet Charges, Including Food, Beverage, AV Equipment, and Associated Service Charges & Taxes
- Group Deposit - Per Contact \$ _____
- 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: _____