



**Hilton**

**Melbourne Rialto Place**

**CREDIT CARD AUTHORIZATION FORM**

**Credit to BIMDA Master Account**

NAME OF GUEST: \_\_\_\_\_

COMPANY: \_\_\_\_\_

COMPANY ADDRESS: \_\_\_\_\_

NAME OF EVENT: BIMDA 25<sup>th</sup> Anniversary Gala

DATE OF EVENT: MAY 7, 2022

PHONE NUMBER: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_

CREDIT CARD NUMBER: \_\_\_\_\_

TYPE OF CREDIT CARD: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

**DEPOSIT REQUIRED:** \$ \_\_\_\_\_

I, \_\_\_\_\_, authorized the Melbourne Hilton Rialto Place use of the above credit card for the dates of \_\_\_\_\_ to \_\_\_\_\_ for the following charges:

<i>Room &amp; Tax</i>		<i>Phone Calls</i>	
<i>Restaurant</i>		<i>Movies</i>	
<i>Lounge</i>		<i>Audio / Visual</i>	
<i>Food &amp; Beverage</i>		<i>All Catering Charges</i>	
<i>Deposit</i>			

**By signing below, I authorized the utilization of the above credit card for any outstanding charges for the above named person / event.**

\_\_\_\_\_  
Signature of Cardholder

\_\_\_\_\_  
Date

**PLEASE FAX A COPY OF THE FRONT AND BACK OF THE ACTUAL CREDIT CARD. THE SIGNATURE ON THE BACK OF THE CARD MUST MATCH THE SIGNATURE ON THIS AUTHORIZATION.**