



# Kellogg Conference Hotel

At Gallaudet University

800 Florida Avenue, NE  
Tel: [202] 651-6000

Washington, DC 20002  
Fax: [202] 651-6107

## CREDIT CARD AUTHORIZATION FORM

Company: \_\_\_\_\_ AP Contact: \_\_\_\_\_

Billing Address: \_\_\_\_\_ Suite/PO Box #: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Ext.: \_\_\_\_\_ Fax#: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Type of office:  Branch Office  Regional Office  Main Office  National Headquarters

Tax Exempt?  Yes  No Tax ID Number: \_\_\_\_\_

Name of Event: \_\_\_\_\_ Date of Event: \_\_\_\_\_

Person(s) authorized to sign for charges onsite: \_\_\_\_\_

Type of Credit Card:  Visa  Mastercard  American Express

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Amount to be Charged: \_\_\_\_\_

Cardholder Name (please print): \_\_\_\_\_

I, \_\_\_\_\_ authorize Kellogg Conference Hotel to charge  
above credit card number for the following charges:

Banquet/AV Charges  Meeting Room Rental  Deposit Charges   
Guarantee of Payment  All Charges

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

Please attach a photocopy of both the front and back of the credit card.