



CREDIT CARD AUTHORIZATION LETTER

Please complete this form with the full credit card number.

You may email the completed documents back to the party who sent the letter or fax to (212) 373-4468. If you have any questions please call the Sales team at 212-292-3600.

CHECK ONE

Visa American Express Diners MasterCard Discover

Credit Card Number _____ Exp. _____

Name of Issuing Bank _____ Tel. _____

I, _____ with NYS SCI Research Symposium,
(Full Name as it appears on card) (Company Name)

Hereby authorize The Bentley Hotel to charge the credit card account listed above for the following charges:

- Deposit due in the amount of \$ _____
- Room and Tax charges only (Individual to pay incidental charges)
- Restaurant and Lounge charges
- All Charges
- Other (Specify): _____

Name of Guest/Group: _____ /NYS SCI Research Symposium

Date of Arrival: 10/15/18 Date of Departure: 10/17/18

I acknowledge that my liability for these charges will not be waived and that I will be held personally liable in the event that the issuing institution refuses to pay the full amount.

Card Holder's Signature: _____ Date: _____

Billing Address: _____

Telephone Numbers: (Home) _____ (Work) _____

Fax Number: _____

For internal use only

Approval Code: _____ F/D Agent Name: _____

Date Processed: _____ Amount Charged: _____