



**Sheraton
Grand**
PHOENIX

CREDIT CARD AUTHORIZATION FORM

NAME OF GROUP/EVENT: _____

ARRIVAL OR FUNCTION DATE: _____

CREDIT CARD NUMBER: _____

EXPIRATION DATE: _____

CVV NUMBER _____

(On an American Express card, the CVV number is the four digit number located on the front of the card following the credit card number. For all other card types, the CVV number is located on the back of the card where you would sign the card).

BILLING ADDRESS (Must match address on credit card statement).

STREET _____

CITY/STATE/ZIP _____

CONTACT PHONE NUMBER: _____

AMOUNT OF CHARGE: _____

CARD HOLDER: _____

(Please Print)

_____ hereby authorize the Sheraton Grand Phoenix
(Card Holder Signature)

to charge the above stated credit card account for the dollar amount listed above.

COMPLETE AND RETURN VIA SECURE FAX TO: 602-817-5370