



DoubleTree by Hilton
Bloomington- Minneapolis
South
7800 Normandale Blvd,
Minneapolis MN 55439

Please complete this Credit Card Authorization form and fax it back to the secured number below.

952-893-8419

Please do not send this form back electronically as it is in violation of the Global Information Policy 3.2.1. PCI Data Security Standard 4.2 states "Never send unencrypted credit card numbers via e-mail"

Credit Card Authorization/Billing Request



I, [Click or tap here to enter text.](#) authorize the DoubleTree by Hilton Bloomington - Minneapolis South to charge my credit card according to the details listed below. I guarantee full payment of the account as described below:

Name of Company/Group [_Click or tap here to enter text.](#)

Confirmation number [_Click or tap here to enter text.](#)

Guest One: First Name: [Click or tap here to enter text.](#)

Last Name: [Click or tap here to enter text.](#)

Guest Two: First Name: [Click or tap here to enter text.](#)

Last Name: [Click or tap here to enter text.](#)

Guest Three: First Name: [Click or tap here to enter text.](#)

Last Name: [Click or tap here to enter text.](#)

Guest Four: First Name: [Click or tap here to enter text.](#)

Last Name: [Click or tap here to enter text.](#)

(for additional guests, please use additional form)

Arrival Date: [Click or tap to enter a date.](#) Departure Date: [Click or tap to enter a date.](#)

Billing Information:

Credit Card Type: [Click or tap here to enter text.](#) Credit Card Expiration: [Click or tap here to enter text.](#)

Credit Card Account Number: [Click or tap here to enter text.](#)

Address of Cardholder: [Click or tap here to enter text.](#)

City: [Click or tap here to enter text.](#)

State/Province: [Click or tap here to enter text.](#)

Zip/Postal Code: [Click or tap here to enter text.](#)

Country: [Click or tap here to enter text.](#)

Card Holders Name (As it appears on the card): [Click or tap here to enter text.](#)

Contact Telephone Number: [Click or tap here to enter text.](#)

E-mail Address: [Click or tap here to enter text.](#)

Please Indicate charges that are guaranteed to this credit card:

Sleeping Room: Room & Tax Only ☐

All Charges: ☐

Incidentals: ☐ (includes Room Service, Restaurant, Bar, Gift Shop, Phone Calls)

Authorized (printed name): [Click or tap here to enter text.](#)

Signature: _____