

Shipping/Receiving Credit Card Authorization Form

Guest/Company Name:			
Group/Event Name:		Date of Eve	ent:
I irrevocably authorize my credit card to be used	for the following services at	the Hilton Baton Rouge Capitol Center.	
	Schedule of Shippi	ng Charges_	
Boxes/packages may be sent a maxim Convention Services Manager's Name below. Packages stored 4 days or me coordinated with hotel personnel prior	e, Group/Event Name , ore will be assessed an	and Group/Event Date. All incom	ing boxes will be charged as noted
Receiving Charge		Shipping/Outgoing Charge	
Under 30 lbs. – up to 10 boxes/packa Additional boxes/packages 31 to 200 lbs (large freight) Each additional 200 lbs Customer is responsible for ac Taxable @ 10% in addition to a Shipping and Receiving hours accepackages or boxes. Hotel will assist in items must be packaged and labeled by	\$10 each \$150 \$150 tual shipping charges incabove charges. are Monday-Friday, 7:00 ount unless otherwise d the return of packages b	am – 11:00am, 11:30am-2pm. irected. Hotel will not be responsi	\$10 each \$150 \$150 \$160
Credit Card Type: Credit C	Exp Date	:	
Company Name:			
Name on Card:			
Billing Address:			
City, State, Zip:			
Phone Number:			
E-mail:			
Signature		Today's Date:	

*Important Note: Due to credit card regulations, a photocopy of the cardholder's card imprint (front & back) must be provided upon completion of this form. Please be sure cardholder has signed the back of card.

I warrant and represent that I am authorized to agree that charges for this event are posted to this credit card. This credit card authorization form must be completed in its entirety to secure shipping/receiving requests.

> **Hilton Baton Rouge Capitol Center** 201 Lafayette Street Baton Rouge, LA 70801