



345 W. 35th Street New York, NY 10001
212-600-2440

CREDIT CARD AUTHORIZATION FORM

Group/ Guest Name: _____
Confirmation Number: _____
Arrival Date: _____ Departure Date: _____
(Please attach a list if more than one person)

Contact Name: _____ Tel: _____

I am authorizing the TRYP Times Square South Hotel to charge the credit card below for the following charges (please check all that apply):

- _____ Room, Tax and Facility Fee only.
- _____ Room, Tax and Facility Fee, including incidental charges incurred.
- _____ Incidental Charges only.
- _____ Banquet Charges(Includes food, beverage, meeting room rental, audio-visual, telephone lines and any incidental charges incurred).
- _____ Other (please specify): _____

By signing below, I am authorizing the TRYP Times Square South Hotel to charge this credit card for the above charges listed, under the terms specified on this form.

Amex/Visa/MC/DC/Disc Card # _____ Exp. _____
Security Code _____ (3-digit code located on the back side of the card)

Print Name _____ Signature _____
As It Appears on Card

Billing Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Please attach a copy of the front and back of the credit card listed above and driver's license or Passport with matching signature. Email all documents to reservations@tryphotelnyc.com

Without this information we are unable to process the charges.

PLACE FRONT OF
CREDIT CARD

PLACE DRIVER'S
LICENSE OF CREDIT