



INTERCONTINENTAL®
KANSAS CITY
A T T H E P L A Z A

CREDIT CARD AUTHORIZATION FOR BILLING

Upon completion of the information below, please **FAX** this form along with a photocopy of the credit card (FRONT & BACK) and your Drivers License to **(816) 531-1483. Attn: Darleen Thomas, Sales Manager.**

I. COMPANY/GUEST INFORMATION

Name of Organization/Guest: _____

Function Date/Arrival Date/Confirmation #: _____

CHARGES TO BE APPLIED TO THIS CREDIT CARD ARE:

- ALL CHARGES** **ROOM & TAX ONLY** **BANQUET ONLY**
(Catering/ Conference Service)
- RESTAURANT/BAR** **HONOR BAR** **DEPOSIT**
- OTHER (BE SPECIFIC):** _____

II. CREDIT CARD INFORMATION

Please select from one of the five Credit Cards below and provide appropriate information:

- Visa** **MasterCard** **American Express** **Diners** **Discover**

Card #: _____

Expiration Date: ____/____ Name of Cardholder: _____

Billing Address of Cardholder: _____

Phone #: _____ Fax #: _____ Email: _____

III. DISCLAIMER

By signing below I authorize that the information above is true and accurate and furthermore, I authorize The InterContinental Kansas City at the Plaza to charge my card for the Event/Guest above at the end of the stay/event. By providing this information I guarantee full payment for the Event/Guest.

Signature of Card Holder: _____
