



Hotel Wolcott Third Party Credit Card Authorization Form  
4 West 31<sup>st</sup> Street  
New York, NY 10001  
Fax: 212-563-0096

Please print and complete this form. Then fax or mail this form along with a copy of the front and back of your credit card, and photo ID, to the hotel. When making copies set your copier to enlarge and to its lightest setting. There is no need for a cover sheet

Fax To: Hotel Wolcott Reservation Department 212-563-0096

From: \_\_\_\_\_

I, \_\_\_\_\_, (print card holder's name) authorize Wolcott Hotel aka 4 West 31st Street Studios, Inc to apply the charge's of (print guests name) \_\_\_\_\_ to my credit card.

Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_ Number of Rooms \_\_\_\_\_

Total Rate Rooms: \_\_\_\_\_ Confirmation Number: \_\_\_\_\_

Please initial the charges you wish to apply to your credit card.

Room & Tax Only: \_\_\_\_\_ Guests Incidentals Only: \_\_\_\_\_ All Charges : \_\_\_\_\_

Account Number: \_\_\_\_\_ Expiration Date \_\_\_\_\_ Digit code on card \_\_\_\_\_

On Visa / Master cards it is the three or four digit code on the back of the card. On American Express it is the number above your credit card number on the front of the card.

Card Holders Billing Address:

\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Your signature below will constitute a binding agreement for full payment for the above-specified charges as well as any damages incurred to room accommodations by guest or guest's acquaintances

Signature of Cardholder \_\_\_\_\_ Date \_\_\_\_\_

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For Internal Use Only

Group code:

Folio Number:

City Ledger Number:

Comments: