



Hotel Wolcott Third Party Credit Card Authorization Form

4 West 31st Street
New York, NY 10001
Fax: 212-563-0096

Please print and complete this form. Then email to sales@wolcott.com along with a copy of the front and back of your credit card, and photo ID, to the hotel.

I, _____, (print card holder's name) authorize Wolcott Hotel aka 4 West 31st Street

Studios, Inc to apply the charges of (print guests name) _____ to my credit card.

Arrival Date: _____ Departure Date: _____ Number of Rooms _____

Total for Stay: _____ Confirmation Number: _____

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

Room & Tax Only: _____ Guests Incidentals Only: _____ All Charges: _____

Credit Card Number: _____ Expiration Date _____

Card Holders Billing Address: _____

Comments: _____

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 _____