



HOTEL HARRINGTON

WASHINGTON, DC

Fax Form: 202-347-3924 Office
Fax Form: 202-393-2311 Front Desk
Email form:
Reservations@Hotel-Harrington.com

CREDIT CARD AUTHORIZATION

**PLEASE PHOTOCOPY THE FRONT AND BACK OF
YOUR CREDIT CARD AND FAX BACK TO US.**

GUEST'S NAME: _____

CONFIRMATION NUMBER: _____

CHECK-IN DATE: _____

CHECK-OUT DATE: _____

CARDHOLDER'S NAME: _____

MAILING ADDRESS: _____

CELL PHONE NUMBER: _____

WORK NUMBER: _____

FAX NUMBER: _____

CREDIT CARD NUMBER
W/EXPIRATION DATE: _____

EMAIL ADDRESS: _____

The above mentioned cardholder authorized the Hotel Harrington to bill the card for the following charges. Please check any/all charges to be included on credit card bill.

ROOM, TAX, AND INCIDENTALS

ROOM AND TAX ONLY

CARDHOLDER'S SIGNATURE: _____

DATE: _____