



CREDIT CARD AUTHORIZATION FORM

168 North Michigan Ave, Chicago IL 60601

Phone: 312-346-1200 Attn: Reservations Email: reservations@hoteljulianchicago.com

In order for Hotel Julian Chicago to accept a credit card under another name for a guest or event, the following information must be completed in full and signed by the card holder. Please be advised that a readable copy of the front and back of the credit card as well as a copy of the ID of the card holder must accompany this form. Incomplete forms may be rejected. A preauthorization will be taken on this card prior to check-in.

Name Guest/Group/Event, Arrival Date, Departure Date, Confirmation Number

Charges to be paid and/or Guaranteed by the Card Holder: (Please check each box for each and all applicable charges)

Charges: All Charges, Room Rate + Taxes, Telephone Charge, In-Room Movies, Room Service, Food and Beverage (excluding alcohol), Food and Beverage (including alcohol), Guarantee Group Block, Valet Parking, Other:

Credit Card Holder's Name, Telephone Number, Type of Card

Credit Card Number, Expiration Date MM/YYYY, CVV #

Card Holder Address, City, State, Zip Code

Email Address, Issuing Bank Credit Card Name

I hereby authorize Hotel Julian Chicago to process against my credit card as described the above charge(s):

Signature, Date

In accordance with federal law, the parties shall execute this Credit Card Authorization electronically – binding the parties to the same degree as a handwritten signature – by using the following process to create an electronic symbol signifying intent to be legally bound. You must fill in the name and date above, and check the box below the line marked "Electronic Signature (Replace Empty Box with check to Enter approve the charges) *."