



Telecommunications Order Form
333 West Harbor Drive, San Diego CA 92101
Telephone: (619) 230-8970 Fax (619) 230-8905

Today's Date: _____

Phone Number: _____

Group Name: _____

Fax Number: _____

Client: _____

Email: _____

Address: _____

Event Manager: _____

Equipment Options 25% service charge will be applied to all telecom orders.	
<u>Telecommunications:</u> Telephone with telephone line.....\$235 (\$210/line, \$25/phone) Speakerphone.....\$360 (\$210/line, \$150/phone) Speakerphone will not work properly in Marriott, San Diego or Marina Ballrooms Modem line for credit cards.....\$210/event *All lines are programmed with "9" as the prefix*	<u>Basic Internet Access: Internet Managed by Property</u> <u>Streaming video is not included in the following pricing</u> Hard Lines =\$200 per day / per line. (Security passcodes are used on all connections) Wireless =\$25 per day / per connection (Security passcodes are used on all connections) For specific Bandwidth requirements (\$350 per mbps per day, Includes Static IP's.) VLAN's, Please call Tom Ulrich at 619-230-8970 for details.

Meeting Room Name and or Booth #	Equipment / Service	Installation Date & Time	Removal Date & Time	Extension (office use only)	HA # (office use only)

Billing	
<input type="checkbox"/> Credit Card (Form is attached)	<input type="checkbox"/> Master account
Estimated Total: \$_____ Client's Signature: _____	

**All phone calls are billed at AT&T Day Time Operator Assisted rate plus hotel surcharges starting at 55% plus tax - International add \$8.00*

In anticipation of your upcoming event, we wish to inform you of our policy concerning the use of wireless devices in our hotel. Specifically, the use of private wireless devices is permitted provided it does not cause harmful interference or pose a security threat to the hotel's network.

If you do bring your own wireless device, you may be asked to adjust the device settings in order to avoid service interruption/degradation to the hotel's network or wireless service offerings. If such coordination is not practicable due to technical reasons or hotel resources, you may be required to discontinue utilizing the wireless network.

Logged By: _____

Log Date: _____

Third Party Credit Card Authorization Form

This form has been created in order to allow you to have third party expenses charged to your credit/debit card. **I understand that the hotel is not required to accept this form and the guest should check with the hotel to ensure they accept third party transactions.** Marriott Marquis San Diego Marina (619)234-1500 Please provide all the information requested below to ensure prompt processing of your application. We ask you to please sign and date the form before submission. Please fax the completed form to At Your Service Department at (619)234-8678.

FOR SECURITY reasons, Marriott International conforms to all Payment Card Industry (PCI) standards. However, we recommend that the credit card holder purchase a gift card for the guest (if possible) rather than send their credit card number via this third party form.

CARDHOLDER INFORMATION - Required

Name as it appears on the credit/debit card: _____

Card Type: ☐ Visa ☐ MC ☐ Amex ☐ Diners/CB ☐ Discover ☐ JCB

Account Type: ☐ Individual - ☐ Debit / ☐ Credit ☐ Corporate - Company Name: _____

Issuing Bank: _____ Phone: _____

Account Number: _____ Exp. Date: _____

Address (statement): _____

City, State, Zip: _____ Email Address: _____

Phone Number: _____ Fax or Alternate Number: _____

GUEST INFORMATION - Required

Guest Name: _____

Address: _____

City, State, Zip: _____

Company: _____

Phone Number: _____ Fax or Alternate Number: _____

Confirmation Number: _____ Arrival Date: _____ Departure Date: _____

Relation to Cardholder: ☐ Relative ☐ Friend ☐ Business Associate ☐ Other _____

I understand that should there be any issues with the credit/debit card being used to settle my charges, I will be responsible for all expenses incurred during my stay. Departure date cannot be extended unless a new authorization form is completed.

Guest Name: (Printed) _____

Guest Signature: _____ Date: _____

RATE INFORMATION AND APPROVED CHARGES - Required

Room Rate:* _____ Taxes:* _____ Total Daily Rate:* _____ Number of Nights: _____

*(Rate and tax amount must be provided by a hotel representative in order to complete this form.)

☐ All Charges ☐ Room & Tax ☐ Telephone (LD) ☐ Telephone (Local) ☐ Restaurant

☐ Room Service ☐ Valet/Laundry ☐ Parking ☐ HS Internet Access ☐ Movies

☐ Other _____

I certify that all information is complete and accurate. I hereby authorize Marriott Marquis San Diego Marina to collect payment for all charges as indicated in the Rate Information and Approved Charges section of this form by processing a charge to the credit/debit card listed above. Charges must not exceed \$_____ for the entire stay/event. I understand that a new form will have to be completed if guest wishes to extend his/her stay. I certify that I am the authorized signer of the credit/debit card listed above.

Cardholder Name: (Printed) _____

Cardholder Signature: _____ Date: _____

Please do not send a photocopy of the front or back of your credit card.