

**FOOD & BEVERAGE** 

This form has been created to allow you to have **third party expenses charged to your credit card**. 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 return the completed form by October 2, 2017 to secure fax line (202) 387-5386 at the Marriott Wardman Park Hotel.

## **Cardholder Information**

Name as it appears on t	he cro	edit cai	rd:									
Card type:		Visa		MC		Amex		Diners/CB		Discover		JCB
Account type:		Indivi	dual (	persona	al credit	t card)						
		Corpo	orate	Com	pany Na	ame:						
Account number:	-									Exp. Date:		
Address: (where statement is mailed)	-											
City, State and Zip:	_											
Phone number:	_						Fax or a	alternate num	ber:			
School Information School Name:												
Billing Contact:							Fax or a	alternate num	ber:			
Contact's Email addres	s:											
Arrival date:							Departu	re date:				
Relation to cardholder:	l	Se	lf	[	<b>F</b> ri	end	В	usiness Asso	ociate	Other	:	
Card Usage												

Please indicate what you would like charged on this card:

## Fresh Bites (Hospitality)

□ Credit card is mandatory to guarantee service. (Please complete <u>Fresh Bites (Hospitality)</u> section on next page).

I certify that all information is complete and accurate. I hereby authorize the Marriott Wardman Park Hotel 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 card listed above. Charges must not exceed \_\_\_\_\_\_ for the entire stay/event. I understand that a new form will need to be completed if guest wishes to extend his/her stay. I certify that I am the authorized signer of the credit card listed above.

Cardholder name: (Printed)	
Cardholder signature:	Date:
DO NOT WRITE BELOW THIS LINE Main Interviewing Suite Room Numbers:	FOR HOTEL USE ONLY Second Interviewing Suite Room Numbers:



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- PAGE 2 -

## Fresh Bites (Hospitality)

Credit card is Mandatory for guarantee of Service – if paying with a check this must be given to Event Manager at the beginning of the conference and the credit card will not be charged.

- All credit cards will be authorized three (3) days prior to the event for pre-orders.
- Expect an EMAIL (preferred method of planning communication) of your invoice to be sent to you within two weeks following the last day of the conference.
- EMAIL Address of the person who is to receive the final invoice MUST be on this form.
- If you have any billing issues please contact Jackie Ruiz directly at <u>Jacqueline.Ruiz@marriott.com</u> or by phone at (202) 328-2947.

Please provide the following information:

Main Contact:			
Main Contact's Phone number:			
Main Contact's Fax number:			
Main Contact's Email address:			
On Site Contact:			

Please return by fax or mail no later than October 2, 2017 to: Ms. Jackie Ruiz, Group Billing Coordinator Marriott Wardman Park Hotel 2660 Woodley Road, N.W. Washington, DC 20008 FAX: (202) 387-5386