

Signature below will authorize The Westin San Francisco Airport to bill the following credit card as directed below . Agreement good only for event(s) listed on this authorization form.

For Total Charges Based Upon Event Cost Estimate: Card will be charged (3) business days prior to function. Authorized additions and updates to the event will be reflected on the credit card's final billing.

Deposit: will be charged immediately upon receipt of credit card authorization.

For Credit Card Guarantee Only: - charges based upon the cost estimate will be charged to Credit Card (3) business days prior to Event and rebated upon clearance of check or funds submitted.

For Overage and Balance of Account Charges: - All monies and funds currently on account will be deducted from final billing and credit card charged for balance of authorized additions and updates to final billing. This amount can be rebated upon clearance of check or funds submitted.

**\*\*\* FORM MUST BE COMPLETED IN FULL \*\*\***

**Check the appropriate box below to specify which Charges will be made to this Credit Card**  
*If Multiple Choices - Check all Boxes that apply*

- Banquets - Meeting Room, F&B, A/V, etc. only**
- Overnight Sleeping Room(s) and Tax only**
- Overnight Sleeping Room(s), Tax AND Incidentals**
- Deposit Only**      **Amount of Deposit** \_\_\_\_\_ (see deposit info above)
- Guarantee Only** \_\_\_\_\_ (see guarantee info above)
- Other** \_\_\_\_\_

**Name of Event:** \_\_\_\_\_

**Event Dates \*:** \_\_\_\_\_  
*\* If card is to be used for multiple function dates, please list each set of dates.*

Name of Credit Card \_\_\_\_\_

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Cardholder: Signature \_\_\_\_\_

Cardholder: Print Name \_\_\_\_\_

Cardholder: Phone Number (      ) \_\_\_\_\_

Cardholder: Street Address \_\_\_\_\_

Cardholder: City, State, Zip \_\_\_\_\_

The Westin San Francisco Airport accepts the following Credit Cards:  
**AMERICAN EXPRESS, DINERS CLUB, CARTE BLANCHE, MASTERCARD AND VISA.**

**PLEASE FAX THIS COMPLETED FORM BACK TO (650) 872-8104**

- Vicki Idzal       Jennifer Roach       Sophia Guo       Alison Nishiiwa       Linda Christie