

Colorado State University PCARD Procedures for Fort Collins Hilton

PCARD is the preferred method of payment at the Fort Collins Hilton, when the total transaction is less than \$3,000.00. This includes banquets, special events and overnight room rentals for guest speakers, interviewees, and other University guests.

When providing room reservations, the Hilton cannot prevent a guest from charging meals, telephone calls, movies, etc., to the credit card that was provided when the reservations were made. It is up to Colorado State University employees to tell our guests and interviewees what type of charges will be allowed and what charges are considered personal. It is also necessary to notify the Hilton of the charges that you want the guest to be able to charge to the room, and ultimately, to your PCARD.

Please use the attached form when booking an overnight reservation for a guest at the Fort Collins Hilton. **DO NOT USE YOUR PCARD FOR CSU EMPLOYEES WHO ARE IN TRAVEL STATUS.** Complete this form and be as specific as possible about the types of charges that are authorized and the dollar limit on the total charges.



Hilton Fort Collins
425 W Prospect Rd Fort Collins, CO 80526
Phone 970482-2626 Fax 970-493-6265

Credit Card Payment Authorization Form

*Please complete all areas below. Incomplete requests may be rejected. This form must be received at least 5 business days prior to the Check-In, or by specified date in Event Contract, to ensure acceptance of the credit card to be charged. **Do not send completed form by email.***

FAX COMPLETED FORM TO: _____ CONFIRMATION # _____

Date: _____

Guest / Group Name:	
Check-In / Event Date:	
Name of Person/Group Making Reservation:	Phone:

CARDHOLDER - Please complete the following section and sign/date below.

Cardholder Name as it Appears on Credit Card:				
Cardholder Billing Address:				
City:	State:	Zip:		
Daytime /Business Telephone:		Evening Telephone:		
Credit Card Number:		Expiration Date:		
Credit Card Type: (Circle one)				
<input type="checkbox"/> Visa/MasterCard	<input type="checkbox"/> American Express	<input type="checkbox"/> Discover	<input type="checkbox"/> JCB	<input type="checkbox"/> Diners Club
Credit Card Issuing Bank Name:		Bank Phone Number (from back of your credit card):		
I agree to cover the following categories of charges: (Please circle)				
All Charges	Room & Tax	Food & Beverage	Retail	Phone/Internet
I agree to cover the above categories of charges up to a Maximum Amount of \$ _____				
DIRECT BILL ACCOUNT PAYMENTS ONLY:		HOTEL USE ONLY		
Name on Invoice/Statement _____		Date on Invoice/Statement _____		
Invoice/Statement Number _____		Authorized Amount \$ _____		

Note: Charges for room and tax, group deposits or direct bill account payments will be charged to your credit card immediately. Any incidental charges circled above will be charged at the time of check-out.

Amount to be immediately charged to credit card for room and taxes or deposit: \$ _____

Final Balance Billed to Credit Card (hotel use only): \$ _____

By signing below, you authorize the hotel to charge your credit card immediately for the amount indicated above up to the "Maximum Amount" indicated above. You further acknowledge that if "all charges" has been selected, then all guest/group related charges (less Deposit) will be charged to the above card number at the time of check-out or event conclusion.

Cardholder Signature: _____ Date: _____