



We are delighted that you have selected us to host your upcoming event. Please provide all the information requested below as a form of payment for all event charges as outlined in your contract (Guest Rooms, Food & Beverage, AV, Miscellaneous, Service Charges and Taxes).

Cardholder Informat	tion											
Name as it appears on	the cr	edit car	d:									
Card type:		Visa		MC		Amex		Diners/CB		Discover		JCB
Account type:		Individual (personal credit card)										
		Corpo	rate	Comp	any Na	ame:						
Credit Card Account Number:										Exp. date:		
Address: (where statement is mailed)												
City, State and Zip:												
Phone number:		Fax or alternate number:										
Event Information												
Name of Event:	_											
Organization Name (i applicable):	f _											
Phone Number:	_					1	Fax or a	alternate num	ber:			
Event Dates:	_											
I certify that all inform payment for all author I certify that I am the a Cardholder name: (Pr	ized cl authori	harges ized sig	associa ner of	ated with	th this dit care	event by	process pove.	sing a charge				
Cardholder signature:									ate:			

Please fax the completed form to the Marriott Hotel at (925) 275-9443.