

TO: Hilton, Washington, DC

FROM: Kim Adkins

RE: Credit Card Payment Authorization  
forms.

Including this cover sheet,  
there are 8 pages.

Kim



**ES WASHINGTON DC DOWNTOWN**

**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: 202-785-2411

ATTN: \_\_\_\_\_

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

|   |  |
|---|--|
| Guest / Group Name: <u>Kim Adkins</u>   |  |
| Confirmation number: <u>3501389235</u>  |  |
| Check-In / Event Date: <u>March 9, 2013</u>   |  |
| Name of Person/Group Making Reservation: <u>Kim Adkins, west Piedmont WVA</u> Phone: <u>276/252-2679 (cell)</u> |  |
| Cardholder Name as it Appears on Credit Card: <u>Ruby Adkins, west Piedmont WVA</u>                             |  |
| Cardholder Billing Address: <u>PO Box 4043</u>  |  |
| City: <u>Martinsville</u>   | State: <u>VA</u> Zip: <u>24115</u>                                     |
| Daytime /Business Telephone: <u>276/656-6190</u>  | Evening Telephone: <u>276/252-2679 (cell)</u>                          |
| Credit Card Number: <u>4046 0111 9153 1487</u>  | Expiration Date: <u>07/15</u>  |
| Credit Card Type: (Circle one)  |  |
| <input checked="" type="radio"/> Visa/MasterCard  | <input type="radio"/> American Express                                 |
| <input type="radio"/> Discover  | <input type="radio"/> JCB  |
| <input type="radio"/> Diners Club   |  |
| Credit Card Issuing Bank Name: <u>BB+T</u>  | Bank Phone Number (from back of your credit card): <u>800-397-1253</u> |
| I agree to cover the following categories of charges: (Please circle)   |  |
| <input checked="" type="radio"/> All Charges  | <input type="radio"/> Room & Tax                                       |
| <input type="radio"/> Food & Beverage   | <input type="radio"/> Retail   |
| <input type="radio"/> Recreation  |  |
| I agree to cover the above categories of charges up to a Maximum Amount of \$ <u>N/A</u>                        |  |
| DIRECT BILL ACCOUNT PAYMENTS ONLY: (For direct billing customers paying by credit card)                         |  |
| 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: Kim Adkins Date: 1/2/13

**HOTEL USE ONLY:**

|                          |                      |             |
|--------------------------|----------------------|-------------|
| Authorized Amount: _____ | Approval Code: _____ | Date: _____ |
|--------------------------|----------------------|-------------|



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FAX COMPLETED FORM TO: 202-785-2411

ATTN: \_\_\_\_\_

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

|  |  |
|--|--|
| Guest / Group Name: <u>Julie Brown</u>   |  |
| Confirmation number: <u>3501389235</u>   |  |
| Check-In / Event Date: <u>March 9, 2013</u>  |  |
| Name of Person/Group Making Reservation: <u>Kim Adkins, West Piedmont WVB</u> Phone: <u>276/656-6190 (p)</u>   |  |
| Cardholder Name as it Appears on Credit Card: <u>Kimberly Adkins, West Piedmont WVB</u>  |  |
| Cardholder Billing Address: <u>PO Box 4043</u>   |  |
| City: <u>Martinsville</u>  | State: <u>VA</u> Zip: <u>24115</u>                                       |
| Daytime /Business Telephone: <u>276/656-6190</u>   | Evening Telephone: <u>276/252-2679 (C)</u>                               |
| Credit Card Number: <u>4046 0111 9153 1487</u>   | Expiration Date: <u>07/15</u>  |
| Credit Card Type: (Circle one)<br><input checked="" type="radio"/> Visa/MasterCard <input type="radio"/> American Express <input type="radio"/> Discover <input type="radio"/> JCB <input type="radio"/> Diners Club                                       |  |
| Credit Card Issuing Bank Name: <u>BIBFT</u>  | Bank Phone Number (from back of your credit card): <u>1-800-397-1253</u> |
| I agree to cover the following categories of charges: (Please circle)<br><input checked="" type="radio"/> All Charges <input type="radio"/> Room & Tax <input type="radio"/> Food & Beverage <input type="radio"/> Retail <input type="radio"/> Recreation |  |
| I agree to cover the above categories of charges up to a Maximum Amount of \$ <u>N/A</u>   |  |
| DIRECT BILL ACCOUNT PAYMENTS ONLY: (For direct billing customers paying by credit card)  |  |
| 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: Kim Adkins Date: 1/2/13

**HOTEL USE ONLY:**

|                          |                      |             |
|--------------------------|----------------------|-------------|
| Authorized Amount: _____ | Approval Code: _____ | Date: _____ |
|--------------------------|----------------------|-------------|



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ATTN: \_\_\_\_\_

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

|  |  |
|--|--|
| Guest / Group Name: <u>Selma Graves</u>  |  |
| Confirmation number: <u>3501389235</u>   |  |
| Check-in / Event Date: <u>March 9, 2013</u>  |  |
| Name of Person/Group Making Reservation: <u>Kim Adkins, West Piedmont</u>  | Phone: <u>276/252-2679 (c)</u>   |
| Cardholder Name as it Appears on Credit Card: <u>Kimberly Adkins, West Piedmont Workforce</u>  |  |
| Cardholder Billing Address: <u>PO Box 4043</u>   |  |
| City: <u>Martinsville</u>  | State: <u>VA</u> Zip: <u>24115</u>                                       |
| Daytime /Business Telephone: <u>276/656-6190</u>   | Evening Telephone: <u>276/252-2679 (c)</u>                               |
| Credit Card Number: <u>4046 0111 9153 1487</u>   | Expiration Date: <u>07/15</u>  |
| Credit Card Type: (Circle one)<br><input checked="" type="radio"/> Visa <input type="radio"/> MasterCard <input type="radio"/> American Express <input type="radio"/> Discover <input type="radio"/> JCB <input type="radio"/> Diners Club |  |
| Credit Card Issuing Bank Name: <u>BB+T</u>   | Bank Phone Number (from back of your credit card): <u>1-800-397-1253</u> |
| I agree to cover the following categories of charges: (Please circle)  |  |
| <input checked="" type="radio"/> All Charges <input type="radio"/> Room & Tax <input type="radio"/> Food & Beverage <input type="radio"/> Retail <input type="radio"/> Recreation  |  |
| I agree to cover the above categories of charges up to a Maximum Amount of \$ <u>N/A</u>   |  |
| <b>DIRECT BILL ACCOUNT PAYMENTS ONLY: (For direct billing customers paying by credit card)</b>   |  |
| 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: [Signature] Date: 1/2/13

**HOTEL USE ONLY:**

|                          |                      |             |
|--------------------------|----------------------|-------------|
| Authorized Amount: _____ | Approval Code: _____ | Date: _____ |
|--------------------------|----------------------|-------------|



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ATTN: \_\_\_\_\_

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

|  |  |
|--|--|
| Guest / Group Name: <u>Marsha Mendenhall</u>   |  |
| Confirmation number: <u>3501389235</u>   |  |
| Check-In / Event Date: <u>March 9, 2013</u>  |  |
| Name of Person/Group Making Reservation: <u>Kim Adkins, West Piedmont</u>  | Phone: <u>276/252-2679 (c)</u>   |
| Cardholder Name as it Appears on Credit Card: <u>Kimberly Adkins, West Piedmont</u>  | Phone: <u>276/656-6190 (o)</u>   |
| Cardholder Billing Address: <u>PO Box 4043</u>   |  |
| City: <u>Manassas</u>  | State: <u>VA</u> Zip: <u>20115</u>                                       |
| Daytime /Business Telephone: <u>276/656-6190</u>   | Evening Telephone: <u>276/252-2679</u>                                   |
| Credit Card Number: _____  | Expiration Date: _____   |
| Credit Card Type: (Circle one)<br><input checked="" type="radio"/> Visa/MasterCard <input type="radio"/> American Express <input type="radio"/> Discover <input type="radio"/> JCB <input type="radio"/> Diners Club                                       |  |
| Credit Card Issuing Bank Name: <u>BBIT</u>   | Bank Phone Number (from back of your credit card): <u>1-800-397-1253</u> |
| I agree to cover the following categories of charges: (Please circle)<br><input checked="" type="radio"/> All Charges <input type="radio"/> Room & Tax <input type="radio"/> Food & Beverage <input type="radio"/> Retail <input type="radio"/> Recreation |  |
| I agree to cover the above categories of charges up to a Maximum Amount of \$ <u>N/A</u>   |  |
| <b>DIRECT BILL ACCOUNT PAYMENTS ONLY:</b> (For direct billing customers paying by credit card)   |  |
| 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: [Signature] Date: 1/2/13

**HOTEL USE ONLY:**

|                          |                      |             |
|--------------------------|----------------------|-------------|
| Authorized Amount: _____ | Approval Code: _____ | Date: _____ |
|--------------------------|----------------------|-------------|



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ATTN: \_\_\_\_\_

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

|  |  |
|--|--|
| Guest / Group Name: <u>John Meedy</u>  |  |
| Confirmation number: <u>35013891235</u>  |  |
| Check-In / Event Date: <u>March 9, 2013</u>  |  |
| Name of Person/Group Making Reservation: <u>Kim Adkins, West Piedmont WVB</u> Phone: <u>276/252-2679(c)</u>  |  |
| Cardholder Name as it Appears on Credit Card: <u>Kimberly Adkins, West Piedmont Workplace</u>  |  |
| Cardholder Billing Address: <u>PO Box 4043</u>   |  |
| City: <u>Martinsville</u>  | State: <u>VA</u> Zip: <u>24115</u>                                       |
| Daytime /Business Telephone: <u>276/656-6190</u>   | Evening Telephone: <u>276/252-2679(c)</u>                                |
| Credit Card Number: <u>4046 0111 9153 1487</u>   | Expiration Date: <u>07/15</u>  |
| Credit Card Type: (Circle one)<br><input checked="" type="radio"/> Visa/MasterCard <input type="radio"/> American Express <input type="radio"/> Discover <input type="radio"/> JCB <input type="radio"/> Diners Club                                       |  |
| Credit Card Issuing Bank Name: <u>B+B T</u>  | Bank Phone Number (from back of your credit card): <u>1-800-397-1253</u> |
| I agree to cover the following categories of charges: (Please circle)<br><input checked="" type="radio"/> All Charges <input type="radio"/> Room & Tax <input type="radio"/> Food & Beverage <input type="radio"/> Retail <input type="radio"/> Recreation |  |
| I agree to cover the above categories of charges up to a Maximum Amount of \$ <u>N/A</u>   |  |
| <b>DIRECT BILL ACCOUNT PAYMENTS ONLY: (For direct billing customers paying by credit card)</b>   |  |
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| Invoice/Statement Number _____   | Authorized Amount \$ _____   |

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

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

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Cardholder Signature: Wally S. Davis Date: 1/2/13

**HOTEL USE ONLY:**

|                          |                      |             |
|--------------------------|----------------------|-------------|
| Authorized Amount: _____ | Approval Code: _____ | Date: _____ |
|--------------------------|----------------------|-------------|



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ATTN: \_\_\_\_\_

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

|  |  |
|--|--|
| Guest / Group Name: <u>Sherman Saunders</u>  |  |
| Confirmation number: <u>3501389235</u>   |  |
| Check-In / Event Date: <u>March 9, 2013</u>  |  |
| Name of Person/Group Making Reservation: <u>Kim Adkins, West Piedmont WI3</u> Phone: <u>276/252-2679(c)</u>  |  |
| Cardholder Name as it Appears on Credit Card: <u>Kimberly Adkins, West Piedmont WI3</u>  |  |
| Cardholder Billing Address: <u>PO Box 4043</u>   |  |
| City: <u>Martinsville</u>  | State: <u>VA</u> Zip: <u>24112</u>                                       |
| Daytime /Business Telephone: <u>276/656-6190</u>   | Evening Telephone: <u>276/252-2679(c)</u>                                |
| Credit Card Number: <u>4046 0111 9153 1487</u>   | Expiration Date: <u>07/15</u>  |
| Credit Card Type: (Circle one)<br><input checked="" type="radio"/> Visa/MasterCard <input type="radio"/> American Express <input type="radio"/> Discover <input type="radio"/> JCB <input type="radio"/> Diners Club                                       |  |
| Credit Card Issuing Bank Name: <u>BBAT</u>   | Bank Phone Number (from back of your credit card): <u>1-800-397-1253</u> |
| I agree to cover the following categories of charges: (Please circle)<br><input checked="" type="radio"/> All Charges <input type="radio"/> Room & Tax <input type="radio"/> Food & Beverage <input type="radio"/> Retail <input type="radio"/> Recreation |  |
| I agree to cover the above categories of charges up to a Maximum Amount of \$ <u>N/A</u>   |  |
| <b>DIRECT BILL ACCOUNT PAYMENTS ONLY: (For direct billing customers paying by credit card)</b>   |  |
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| Invoice/Statement Number _____   | Authorized Amount \$ _____   |

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Cardholder Signature: [Signature] Date: 1/2/13

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|--------------------------|----------------------|-------------|
| Authorized Amount: _____ | Approval Code: _____ | Date: _____ |
|--------------------------|----------------------|-------------|



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FAX COMPLETED FORM TO: 202-785-2411

ATTN: \_\_\_\_\_

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

|  |  |
|--|--|
| Guest / Group Name: <u>Wanda Whitlow</u>   |  |
| Confirmation number: <u>3501389235</u>   |  |
| Check-In / Event Date: <u>March 9, 2013</u>  |  |
| Name of Person/Group Making Reservation: <u>Kim Adkins, West Piedmont WPB</u>  | Phone: <u>276/252-2679 (E)</u>   |
| Cardholder Name as it Appears on Credit Card: <u>Kimberly Adkins, West Piedmont Workforce</u>  |  |
| Cardholder Billing Address: <u>PO Box 4043</u>   |  |
| City: <u>Mountville</u>  | State: <u>VA</u> Zip: <u>24115</u>                                       |
| Daytime /Business Telephone: <u>276/656-6190</u>   | Evening Telephone: <u>276/252-2779 (E)</u>                               |
| Credit Card Number: <u>4046 0111 9153 1487</u>   | Expiration Date: <u>07/15</u>  |
| Credit Card Type: (Circle one)<br><input checked="" type="radio"/> Visa/MasterCard <input type="radio"/> American Express <input type="radio"/> Discover <input type="radio"/> JCB <input type="radio"/> Diners Club |  |
| Credit Card Issuing Bank Name: <u>B3BT</u>   | Bank Phone Number (from back of your credit card): <u>1-800-397-1253</u> |
| I agree to cover the following categories of charges: (Please circle)  |  |
| <input checked="" type="radio"/> All Charges <input type="radio"/> Room & Tax <input type="radio"/> Food & Beverage <input type="radio"/> Retail <input type="radio"/> Recreation                                    |  |
| I agree to cover the above categories of charges up to a Maximum Amount of \$ <u>N/A</u>   |  |
| <b>DIRECT BILL ACCOUNT PAYMENTS ONLY: (For direct billing customers paying by credit card)</b>   |  |
| Name on Invoice/Statement _____  | Date on Invoice/Statement _____  |
| Invoice/Statement Number _____   | Authorized Amount \$ _____   |

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

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Cardholder Signature: [Signature] Date: 1/2/13

**HOTEL USE ONLY:**

|                          |                      |             |
|--------------------------|----------------------|-------------|
| Authorized Amount: _____ | Approval Code: _____ | Date: _____ |
|--------------------------|----------------------|-------------|