



L'ENFANT PLAZA HOTEL
WASHINGTON D.C.

Credit Card Authorization Form

Company/Guest Name: _____ Arrival Date: _____

Confirmation Number (if applicable): _____

Card Holder Name: _____
(As it appears on card)

Billing Address: _____

Telephone Number: _____

Credit Card Number: _____

Credit Card Type: _____ Exp. Date: _____ CNP: _____

Statement of Cardholder

The L'Enfant Plaza Hotel is authorized to charge the credit card listed above for the following charges, not to exceed _____.

- Room charge plus all applicable taxes
- Room charge, parking services and all applicable taxes
- All charges, plus applicable taxes
- Other: _____

Applicable taxes are: 0% State Sales Tax, **14.5%** City Occupancy Tax

NOTE: If you are exempt of any of the above mentioned taxes, a valid State of _____ Tax Exempt form must be attached. Cardholder name appearing on the credit card **must** match the name on the Tax Exempt form in order to be exempt of the above taxes.

Date

Signature of Cardholder

*****A LEGIBLE COPY OF BOTH SIDES OF THE CARD AND A LEGIBLE GOVERNMENT ISSUED PICTURE ID MUST BE SUBMITTED WITH THIS FORM FOR THE AUTHORIZATION TO BE PROCESSED*****

L'Enfant Plaza Hotel
480 L'Enfant Plaza, SW
Washington, DC 20024
202-484-1000
Hotel Fax: 202-646-4456