



HYATT REGENCY ATLANTA CREDIT CARD GUARANTEE

*Please be sure to attach a copy of the credit card (front and back) or
we will be unable to process your account*

Please return fax to: Shantrice Barlow / 404-460-6333

I hereby authorize Hyatt Regency Atlanta to charge the following credit card for charges incurred during the below function(s). I understand estimated charges will be processed ten days prior to my function(s), with any final adjustments after the function(s) is completed.

Today's Date: _____

Hotel Contact: _____

Name of Group: _____

Date of Function: _____

Type of Card: _____

Card Number: _____

Expiration Date: _____

Name (print): _____

Name (signature): _____

Credit Card Billing Address: _____

City _____ State _____ Zip Code _____

Telephone: (_____) _____ - _____

Fax: (_____) _____ - _____

Please note: Only the person whose name appears on the card will be allowed to sign this document.