

Shipping/Receiving Credit Card Authorization Form

Guest/Company Name:			
Group/Event Name:		Date of Ever	nt:
I irrevocably authorize my credit card to be used for the following	g services at the	Hilton Baton Rouge Capitol Center.	
Schedule	of Shipping	Charges	
Boxes/packages may be sent a maximum of 72 hour Convention Services Manager's Name, Group/Even below. Packages stored 4 days or more will be ass coordinated with hotel personnel prior to function days	nt Name, and sessed an add	Group/Event Date. All incomin	ng boxes will be charged as noted
Receiving Charge		Shipping/Outgoing Charge	
Under 30 lbs. – up to 10 boxes/packages Complin Additional boxes/packages \$10 each 31 to 200 lbs (large freight) \$150 Each additional 200 lbs \$150 Customer is responsible for actual shipping of Taxable @ 10% in addition to above charges Shipping and Receiving hours are Monday-From Charges will be placed on master account unless of packages or boxes. Hotel will assist in the return of pitems must be packaged and labeled by Group for reterms	charges incurrications. riday, 7:00am herwise directoackages but v	– 11:00am, 11:30am-2pm.ted. Hotel will not be responsible.	\$10 each \$150 \$150 ole for any damages or loss to any
# of Boxes being Received (Weights Included)			
# of Outgoing Boxes (Weights Included)			
Credit Card Type: Credit Card #: Company Name:		•	
Name on Card:			
Billing Address:			
City, State, Zip:			
Phone Number:			

I warrant and represent that I am authorized to agree that charges for this event are posted to this credit card.

This credit card authorization form must be completed in its entirety to secure shipping/receiving requests.

Return form to: Savannah May @ savannah.may@hiltonbr.com

Signature: _____

_____ Today's Date: _____

Hilton Baton Rouge Capitol Center 201 Lafayette Street Baton Rouge, LA 70801

Phone: 225-344-5866 / Fax: 225-906-0595