



# CREDIT CARD AUTHORIZATION FORM

\*Sheraton Waikiki \* The Royal Hawaiian Hotel\*  
\* Moana Surfrider, a Westin Resort \* Sheraton Princess Kaiulani \*  
2255 Kalakaua Avenue  
Honolulu, Hawaii 96815

**I hereby authorize the (check one):**

- Sheraton Waikiki                       Sheraton Princess Kaiulani                       The Royal Hawaiian Hotel
- Moana Surfrider, a Westin Resort

**To charge my credit card (check one):**

- American Express                       Diners Club                       Discover                       JCB
- MasterCard                       Visa

Credit Card Number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      Expiration Date: \_\_\_\_\_ / \_\_\_\_\_

Cardholder's Name (print): \_\_\_\_\_

Cardholder's Address (print): \_\_\_\_\_

(Number, Street and Apartment # if applicable)

\_\_\_\_\_  
(City)                      (State)                      (Zip Code)

Telephone Number:      Daytime      (      )                      Evening Phone      (      )                      \_\_\_\_\_

**For the following charges(s):**

Guest Name(s) / Group: \_\_\_\_\_

**Restaurant:** \_\_\_\_\_      **Reservation Date:** \_\_\_\_\_      **Time:** \_\_\_\_\_

		<u>Amount</u>
Types of charges:	<input type="radio"/> Deposit Only	\$ _____
	<input type="radio"/> Information Only	\$ _____
	<input type="radio"/> All Estimated Total Charges (Restuarants)	\$ _____
	<input type="radio"/> All Estimated Total Charges (Aha'aina Luau )	\$ _____
	<input type="radio"/> Others (please specify) _____	\$ _____

**Cardholder's Signature:** \_\_\_\_\_      **Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**PLEASE FAX THIS PAGE TO: Sales Office**  
**Attn:** Reina Yoshihara Perkins, Sales Manager  
**FACSIMILE: (808) 931-7147**

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