



**Sheraton  
Society Hill**  
HOTEL  
PHILADELPHIA  
215-238-6000

**Sheraton Society Hill Hotel  
1 Dock Street  
Philadelphia, PA. 19106  
Fax: (215) 925-2575**

Date: \_\_\_\_\_

**Please complete the following information:**

Company Name: \_\_\_\_\_

Guest Name: \_\_\_\_\_

Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_

Hotel confirmation number: \_\_\_\_\_

Please indicate the charges that will be covered by this credit card:

ROOM & TAX (15.2%): \_\_\_\_\_ MEALS: \_\_\_\_\_ INCIDENTALS: \_\_\_\_\_

ALL CHARGES: \_\_\_\_\_

If you are paying for Room and Tax please indicate nights that you are paying:

\_\_\_\_\_

Name of Cardholder: \_\_\_\_\_

Credit Card Type: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Security Code: \_\_\_\_\_

Cardholder billing address: \_\_\_\_\_

Phone Number of Cardholder: \_\_\_\_\_

**\*\*\*The undersigned hereby authorizes the charges above and agrees on being charged in advance at the moment of confirming this request with the hotel\*\*\***

**AUTHORIZED SIGNATURE:** \_\_\_\_\_