



15 Lincoln Street
Lewiston, Maine 04240
Phone (207) 344-1000
Fax (207) 344-1050

Date: _____ From: _____

Guest Name(s), Group Name(s), or Function Name(s):

Arrival Date: _____ Departure Date: _____

CREDIT CARD RELEASE FORM

Card Holder _____

Type of Card _____

Credit Card # _____

Expiration Date _____

Telephone # _____

Fax # _____

I, _____, hereby authorize the Hampton Inn
Lewiston-Auburn to pre-authorize the above credit card** three business days prior to
my guest(s) arrival and/or function date and then to be charged in full upon my
group's departure date with the following:

Room & Tax: ____

Room Service: ____

Incidentals*: ____

Advance Deposit: ____

Food & Beverage: ____

(without alcohol)

Room Rental: ____

Audio Visual: ____

OPEN LETTER: ____

Signature of Card Holder: _____

Date: _____

**Incidentals include but not limited to: telephone, dry cleaning, faxes, copies, transportation, gratuities,
etc.*