



**HILTON NEW ORLEANS RIVERSIDE
Request for Internet Service**

Convention Name: _____ Company Name: _____ Client Contact: _____
 Business Address: _____ City: _____ State: _____ Zip Code: _____
 Phone Number: _____ Fax: _____ E-Mail: _____

Payment Options- Please check one.

- Direct billing for accounts with prearranged credit through the credit office. Master Account number _____
- Credit Card – Please complete *Credit Card Payment Authorization Form* and submit with request

Your Computer requires an installed ETHERNET CARD w/ RJ45 FEMALE ADAPTER. **All orders must be received at least five (5) business days prior to the installation date.** Orders received with less lead will be assessed a \$25.00 late charge per line. A \$50.00 cancellation fee will apply for service cancelled after setup. A setup Fee is applied based on the number of computers setting up, please ask for details. Per day charges are for full calendar dates only. No partial day adjustments will be made. By your signature you authorize installation and accept responsibility. Prices are subject to change. Please contact hotel directly for current rates. **For installation questions or special requests, please contact the IT dept. (504)-584-3879 , marlon_johnson@hilton.com, or david.krasner@hilton.com**

***** A USERNAME/PASSWORD WILL BE ISSUED FOR EACH COMPUTER. PLEASE NOTE THIS *****
 USERNAME/PASSWORD IS NOT TRANSFERABLE TO ANY OTHER COMPUTER.

PLEASE RETURN VIA FACSIMILE TO 504-556-3776, ATTN: Marlon Johnson, IT Manager

LOCATION / ROOM	# OF COMPUTERS	DAILY CHARGE	# DAYS	INSTALL DATE / TIME	DISCONNECT DATE / TIME	SUB-TOTAL
Setup Fee one time charge	1-4 \$75 5-20 \$150 21-39 \$200 40-100 \$500					Total setup
						Total Charges:

Client Signature: _____ Date: _____
 Meetings & Conventions Manager: _____

Please refer to attached High-Speed Internet Pricing sheet for current pricing.



Hilton New Orleans Riverside

Credit Card Payment Authorization Form

Please complete all areas below. Incomplete requests may be rejected. This form must be received at least 5 business days prior to the Check-In, or by specified date in Event Contract, to ensure acceptance of the credit card to be charged. Do not send completed form by email.

FAX COMPLETED FORM TO: (504)556-3776

ATTN: Credit Department

HOTEL USE ONLY:

Date: _____

Guest / Group Name:		
Check-In / Event Date		
Name of Person/Group Making Reservation:	Phone:	
Authorized Amount:	Approval Code:	Date:

CARDHOLDER - Please complete the following section and sign/date below.

Cardholder Name as it Appears on Credit Card:					
Cardholder Billing Address:					
City:	State:	Zip:			
Daytime /Business Telephone:			Evening Telephone:		
Credit Card Number:			Expiration Date:		
Credit Card Type: (Circle one)					
American Express	Discover	JCB	Diners Club	Visa/MasterCard	
Credit Card Issuing Bank Name:			Bank Phone Number (from back of your credit card):		
I agree to cover the following categories of charges: (Please circle)					
All Charges	Room & Tax	Food & Beverage	Retail	Recreation	Internet.Service
I agree to cover the above categories of charges up to a Maximum Amount of \$ _____					
DIRECT BILL ACCOUNT PAYMENTS ONLY:					
Name on Invoice/Statement _____			Date on Invoice/Statement _____		
Invoice/Statement Number _____			Authorized Amount \$ _____		

Note: Charges for room and tax, group deposits or direct bill account payments will be charged to your credit card immediately. Any incidental charges circled above will be charged at the time of check-out.

Amount to be immediately charged to credit card for room and taxes or deposit: \$ _____

Final Balance Billed to Credit Card (hotel use only): \$ _____

By signing below, you authorize the hotel to charge your credit card immediately for the amount indicated above up to the "Maximum Amount" indicated above. You further acknowledge that if "all charges" has been selected, then all guest/group related charges (less Deposit) will be charged to the above card number at the time of check-out or event conclusion.

Cardholder Signature: _____

Date: _____