
Vendor Set-Up Form

The Following Devices, Wiring, and Services are based on 120 volt/15 amps Usage.

Electrical Connection	\$45.00 Each per day	Quantity_____	\$_____
Power Strip	\$25.00 Each per day	Quantity_____	\$_____
Six Ft. Extension Cord	\$10.00 Each per day	Quantity_____	\$_____
Ten Ft. Extension Cord	\$15.00 Each per day	Quantity_____	\$_____
Spider Box	\$500.00 Each per day	Quantity_____	\$_____
Hi Speed Internet Access	\$150.00 Per IP Address per day	Quantity_____	\$_____
Banner Hanging	\$ 50.00 Each	Quantity_____	\$_____
Analog Phone Line (Dial 9)	\$115.00 Each per day, per line	Quantity_____	\$_____
Package Storage & Receiving Fee	\$3.00 per package(Less than 10lbs.) \$15.00 per package(10-100lbs.) Pallet or Items over 100lbs= \$150.00 for 1st 100lbs. + \$1.00/lb fpr each additional lb		

(Does NOT include shipping fees)

		Quantity_____	\$_____
Order Sub Total			\$_____
Service Charge	23%		\$_____
Sub Total			\$_____
Sales Tax	8.25%		\$_____
Total Due			\$_____

All Prices are Subject to Tax and 23% Service Charge

In-House Contact Name_____

Set Up Notes_____

Banquet Room Name_____ Booth Number_____

Catering Contact _____ BEO Number_____

Function Name _____ Date Needed_____

Client Signature_____ Method of Payment _____

****All Forms must be submitted along with the completed Credit Card Authorization Form PRIOR to any packages/pallets arriving. Any pallets or packages received without a completed Vendor Form & CC Auth will be turned away by the hotel. Shipment should arrive no earlier than 3 days prior to the event. Hotel accepts no liability for the delivery security or condition of the packages ****

To: Gisselle Valiente

By: FAX 972-458-8260 or Email: gisselle.valiente@dtgalleria.com



DOUBLETREE BY HILTON DALLAS NEAR THE GALLERIA

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: 972-458-8260

ATTN: Gisselle Valiente

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 Diners Club Visa/MasterCard Discover
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
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: