



## WINE PRE-ORDER FORM

Please find below our current banquet wines that will be available for the event you/your company is attending.  
 Complete entire form with information requested for proper billing instructions,  
 and email to the following address by 12:00 Noon :  
[sandra.latham@HILTON.COM](mailto:sandra.latham@HILTON.COM)

Order must be received at least 3 business days (72) hours) prior to your event to guarantee availability

**PLEASE CONFIRM RECEIPT OF THIS ORDER WITH THE CATERING DEPARTMENT @512 682 2716**

<b>NAME</b>	
<b>EVENT NAME/DATE</b>	
<b>HOST AT COMPANY TABLE</b>	
<b>COMPANY</b>	
<b>COMPANY ADDRESS</b>	
<b>TELEPHONE #</b>	Work (____) _____ - _____ Fax (____) _____ - _____.
<b>TABLE NUMBER</b>	

### BANQUET WINES

## Champagne

Quantity	Bin No.#		Price per Bottle	Total
	106	Champagne, Veuve Clicquot, Ponsardin, Brut	\$100.00	
	107	Champange, Dom Pérignon Epernay, France	\$275.00	

## Whites Wines

	400	Sauvignon Blanc, Cloudy Bay, New Zealand	\$55.00	
	408	Chardonnay, Stags Leap, Napa Valley	\$75.00	
	410	Chardonnay, Cakebread Cellars, Napa Valley	\$90.00	

## Red Wines

	507	Pinot Noir, Hob Nob, France	\$40.00	
	615	Merlot, Charles Krug, Napa Valley	\$50.00	
	711	Cabernet Sauvignon, B.R. Cohn Silver Label, California	\$50.00	
	817	Cabernet Sauvignon, Stags Leap Artemis, Napa Valley	\$100.00	
	726	Cabernet Sauvignon, Silver Oak, Alexander Valley	\$135.00	
		<b>WINE SUBTOTAL</b>		
		+ 21% Service		
		Charge		
<b>GRAND TOTAL</b>				

**Prices do not include 22% service charge**

## **CREDIT CARD CHARGE AUTHORIZATION:**

### **ADVANCE ORDER GUIDELINES:**

1. All advance beverage orders must be received at least three business days (72 hours) in advance of the start of the event to guarantee timely service and availability of product.
2. Please include with this form a clear photocopy of both front and back of the credit card you will use as payment for catering charges. The signature on the back of the card must match the signature below.
3. Payment may also be made by company check, payable to the Hilton Austin Convention Center.

### **LEGAL NOTICE:**

The legal age for the sale of alcoholic beverages is 21. Please be advised that alcoholic beverages will not be sold to persons under the legal purchase age of 21. Proof of age will be required if necessary.



# Hilton Austin

500 East 4<sup>th</sup> Street • Austin TX 78701  
**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:** 512-682-2788 **ATTN:** Sandra Latham, Director of Catering  
**PHONE:** 512-682-2716

**HOTEL USE ONLY:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Authorized Amount: _____	Approval Code: _____	Date: _____
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**CARDHOLDER - Please complete the following section and sign/date below.**

Guest / Group Name: _____		
Check-In / Event Date: _____		
Name of Person/Group Making Reservation: _____		Phone: _____
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) _____ Visa/MasterCard		
American Express	Discover	JCB
Diners Club		
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
IT/Electrical/AV	Retail	Recreation
I agree to cover the above categories of charges up to a Maximum Amount of \$ _____		
DIRECT BILL ACCOUNT PAYMENTS ONLY: (For direct billing customers paying by credit card)		
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: \_\_\_\_\_