



Date: _____

A Boutique Suite Hotel
145 East 50th Street, New York, NY 10022

Please fill out and return form to The Kimberly Hotel via email or fax

To: _____ Email or Fax # _____
Company: _____ Telephone # _____
From: _____ Telephone # _____

Reservation Department Fax Number: 212-355-4318 - or scan email to: reservations@kimberlyhotel.com

Confirmation # _____

Guest Name(s): _____

Arrival Date: _____

Departure Date: _____

Accommodations: _____

Rental: Per Night, Plus Tax _____

Rate Change: _____

of Adults: _____ # of Children: _____

I hereby authorize charges up to: \$ _____ to be billed to my credit card

Room & Tax to Credit Card, Guest pays Incidental Charges All Charges (please select one)

Credit Card #: _____ Expiration Date: _____

Name as it appears on Credit Card: _____

Company: _____

Address: _____

City, State, Zip Code _____

Telephone #: _____

Cardholder's Signature: _____

**Also needed is a LEGIBLE copy of the front and back of the credit card,
and a copy of the card holder's driver's license or passport.**

Please note that at the time of confirmation the card will be charged for the first night's stay.