



Hilton

CHICAGO/OAK BROOK HILLS
RESORT & CONFERENCE CENTER

Handling Charges

NAME: _____ DATE: _____

COMPANY: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP-CODE: _____

PHONE#: _____

BILL TO: Guest Room#/ Master Account# _____

Credit Card # _____ Expiration Date _____

Email Address _____

NUMBER OF BOXES/ PACKAGES DELIVERD _____ PALLETS _____

Signature: _____ Date: _____

DEPARTMENT SENDING FORM: _____