|  |
| --- |
| **INSTRUCTIONS:**   1. Please call us to confirm room availability and rates. 2. Please fill out this form and fax to COMPANY NAME at (123) 123-4567, along with a photocopy of your credit card and government issued photo identification (e.g. driver's license or passport). Failure to fill out this form completely will delay check-in. |

# Authorization to Charge Credit Card

|  |  |  |  |
| --- | --- | --- | --- |
| Cardholder’s Name |  | | |
|  | | | |
| Billing Address |  | | |
|  | | | |
|  |  | | |
|  | | | |
| Phone |  | | |
|  | | | |
| Email |  | | |
|  | | | |
| Credit Card # |  | | |
|  | | | |
| Expiry Date |  | Security Code |  |

# Room Reservation

|  |  |  |  |
| --- | --- | --- | --- |
| Guest Name(s: |  | | |
|  | | | |
| Date of Arrival |  | # of Nights |  |
|  | | | |
| Room Rate |  | Total Due ($) |  |

|  |
| --- |
| By signing this form, I hereby authorize COMPANY NAME to charge the credit card identified for all charges associated with the above requested room reservation, including room charges, taxes, and any resulting damages. I understand and accept that COMPANY NAME has a no refund policy and that the above named room reservation is non-refundable. |

|  |  |  |
| --- | --- | --- |
| Authorized Signature of Cardholder |  | Date |