

Econo Lodge - Meadowlands

395 Washington Avenue

Carlstadt, NJ 07072

Ph: 201.935.4600 Fax: 201.935.0264

Email: gm.nj071@choicehotels.com

Credit Card Authorization Sheet

Attn: _____ Fax # _____

Fax Date: _____

Name of Guest: _____

Confirmation #: _____ Date of Arrival: _____

Length of Stay: _____

Type of Room: _____ (Smoking/Non-Smoking, Double, King, Suite)

Address of Guest/Company: _____

Zip Code: _____ Telephone #: _____

The information of the credit card below is the card that will be used for charges:

Please select one of the following options:

Room & Tax ONLY: Y N

All Charges (Room Service & Telephone Charges) Y N

Type of Credit: Visa American Express Diner's Club

Discover MasterCard **Direct Bill

**For direct billing: a direct billing account must be set up with the hotel for this to be accepted

Credit Card #: _____ Exp. Date: ___ / ___ Security Code: _____

Name on the Card as Printed: _____

Authorizing Signature: _____

***A readable photocopy of the front AND back of the credit card being used MUST be included with the information above. Without a photocopy, the guest cannot check in.