



THIS FORM IS TO BE COMPLETED BY THE CARDMEMEBER TO AUTHORIZE THE HOTEL THAT CHARGES GUESTS OTHER THAN THE CARDMEMBER MAY BE CHARGED TO THE CARDMEMBER'S ACCOUNT.

**CREDIT CARD AUTHORIZATION FORM**

Sleep Inn  
406 Punkin Court  
Salisbury, MD 21804  
PH: (410) 572-5516  
FX: (410) 677-4713

"GOLD AWARD WINNING HOTEL"

TO: \_\_\_\_\_ FAX: \_\_\_\_\_

FROM: \_\_\_\_\_ DATE: \_\_\_\_\_

I, \_\_\_\_\_ AUTHORIZE \_\_\_\_\_  
(Please Print) (Please Print)

FOR GUEST (S)/EMPLOYEES (IF DIFFERENT FROM CARDMEMBER):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To use this credit card from (date) \_\_\_\_\_ to (date) \_\_\_\_\_

For:  Room charge and tax  
 All Charges

Credit Card No. \_\_\_\_\_ Exp. Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of card holder Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
City Sate Zip Code

Phone: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Home Office Fax

PLEASE INCLUDE A PHOTOCOPY OF THE CREDIT CARD SHOWING THE FRONT AND BACK OF THE CARD AND A COPY OF THE CREDIT CARD HOLDERS DRIVERS LICENSE. THANK YOU.