



# Comfort INN of Butte

2777 Harrison Ave. ✦ Butte, MT 59701 ✦ Phone (406) 494-8850 ✦ Fax (406) 494-2801

## Hotel Credit Card Authorization Form (Please Print Clearly)

### RESERVATION DETAILS

Confirmation # \_\_\_\_\_ Nightly Rate \$ \_\_\_\_\_ + tax

Guest Name \_\_\_\_\_

Arrival Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Departure Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Approved Charges:  Room & Tax  Room, Tax & Incidentals  Damages

✦ If ANY of the stay details change, a new form MUST be completed and returned. ✦

### CREDIT CARD DETAILS

Card Type  
(Circle One)



Last 4 digits of Credit Card# \_\_\_\_\_ Expiration \_\_\_\_\_ / \_\_\_\_\_  
Month Year

PRINT  
Name On Card  
As Listed

\_\_\_\_\_

Cardholder Signature

Date Signed

Full Credit Card # was  
provided verbally to

\_\_\_\_\_

on

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Hotel Employee Name

Date Provided

### CONTACT INFORMATION

Contact Name \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

email \_\_\_\_\_

## FAX COMPLETED FORM TO: (406) 494-2801

*Return of completed form indicates approval of charges as described above.*

Form MUST be completed for ANY reservation during which the credit card for payment will not be present to swipe!