



BY CHOICE HOTELS

CREDIT CARD AUTHORIZATION FORM

Guests Name _____

Start Date _____

End Date _____

Credit Card Holder Information

Card Holders Name _____

Company Name _____

Address _____

City _____ State _____ Zip code _____

Phone _____ Fax _____

Email _____

Card Type _____

Credit Card # _____ Exp _____

PAYMENT AUTHORIZATION

Credit Card listed above will be charged for Room and Tax ONLY. Should you wish to cover all charges for above mentioned Guest/Client. Please write ALL CHARGES over this paragraph. If Credit Card holder is Tax Exempt in the State of Florida a valid Tax Exempt form must accompany this form.

Please indicate if you would like this Authorization to remain on file for future use or if you would like this Authorization shredded upon checkout by writing "KEEP" or "Shred Below". All authorizations Kept on file will remain on file until expiration date on Credit Card.

THIS FORM MUST BE ACCOMPANIED BY A LEGIBLE COPY OF THE FRONT AND BACK OF ABOVE STATED CREDIT CARD AS WELL AS A COPY OF THE CARD HOLDERS ID.

I AUTHORIZE THE ABOVE MENTIONED CREDIT CARD TO BE CHARGED FOR THE ABOVE MENTIONED GUESTS

Signature

Title

Date