

THE
BURGUNDY
HOTEL

1501 Merrill Drive Little Rock, Arkansas 72211

Phone: (501) 224-8051 Toll-Free: (800) 422-8051 Fax: (501) 221-7552

www.TheBurgundyHotel.com

CREDIT CARD AUTHORIZATION FORM

Today's Date: _____ Name of Person Filling Out This Form: _____

Billing Address for Credit Card to be used: _____

City: _____ State: _____ ZIP: _____

Telephone: _____ Fax (if applicable): _____

This form serves as my authorization to place the following charges on my credit card.

Visa _____ American Express _____ MasterCard _____ Discover _____

Full Credit Card Number: _____

IMPORTANT: Even if the hotel has the full credit card number on file already, you must still provide the full number here for this form to be considered valid. We do not accept incomplete credit card authorization forms that are missing the credit card number.

Exp Date: ____ /20 ____

Cardholder's Name exactly as it appears on the card: _____

I will allow the following charges to be billed to me on the above credit card: (check all that apply)

____ All Charges ____ Room & Tax Only ____ Other (specify here): _____

Note: Guest will be required to provide their own credit card upon arrival for incidentals unless "All Charges" is checked above.

The guest who may apply charges to my card is: _____

Reservation #: _____

Arrival Date: ____ / ____ / ____ Departure Date: ____ / ____ / ____

Cardholder's Signature: _____

Note: In order for this authorization form to be valid, it is required that you also send a copy of the front and back of the credit card being used on this form in addition to a copy of a valid, government-issued photo ID that matches the name on the card being used.

If you would like a copy of your guest's folio sent to you upon their departure, provide your email address here: _____

We do not send copies of folios via fax.

SEND COMPLETED FORM TO: gm.ar260@choicehotels.com OR FAX TO (501) 221-7552.