

CREDIT CARD AUTHORIZATION FORM



BY CHOICE HOTELS

I, _____ hereby authorize

Comfort INN Downey to charge my credit card #

_____ Exp. _____ CVC# _____

Name of Issuing Bank: _____

Name of Company (if applicable): _____

Statement Billing Address: _____

City: _____ State: _____ Zip Code: _____

NOTE: We must receive a legible photocopy of the front and back of the above credit card and a photocopy of a current and valid state issued driver's license or identification card before date of arrival. This agreement is **VALID** only with above photocopies. **ATTN: All credit card info and ID info MUST BE LEGIBLE** or we will not be able to honor this card for payment of the reservation. This completed form must be faxed or emailed with the supporting documents minimum 48 hrs prior to arrival for verification purposes.

For payment of the following (Check all that applies) Note: If Room/Tax is checked only then upon check-in guest will have to provide us with a credit card or \$100.00 cash deposit for Incidentals/ Miscellaneous.

FOR: Room/Tax Incidentals Miscellaneous

Guest Name: _____

Reservation No.: _____ # of Rooms _____

Arrival Date: _____ # of Nights: _____

Room Type: _____ Room Rate: \$ _____

Cardholder Tel. No.: _____

Cardholder Fax No.: _____

Cardholder Signature: _____

*Comfort INN Downey
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