

Credit Card Authorization Form



Date: _____

Card Holder's Name: _____

Guest/Group Name: _____

Credit Card #: _____

Expiration Date: _____

Credit Card Type: (Please Circle One)

VISA

DISCOVER

MASTER CARD

DINERS CLUB

AMERICAN EXPRESS

Continued Use: YES NO (Authorization form must be updated every 3 months)

One Time Use: YES NO

Arrival Date: _____

Departure Date: _____

Confirmation #: _____

****Please indicate which of the following charges you, as the cardholder, will be responsible for!****

_____ Room & 14% Hotel Occupancy Tax	Authorized Users
_____ Long Distance Telephone Calls	_____
_____ Fax/Copy Service Changer	_____
_____ Laundry Charges	_____
_____ Meeting Room Charges	_____
_____ Food and Beverage Charges	_____

If there are any questions or problems with the credit card, I can be reached at the following phone #: _____

Card Holder's Signature: _____

A PHOTOCOPY OF THE FRONT AND BACK OF THE CREDIT CARD MUST ACCOMPANY THIS FORM

Please complete this form and return by fax or email to the Home2 Suites

If you have any questions concerning this policy, please contact us at (412) 630-8400.