



Credit Card Authorization Form

Hotel Guest(s) / Business, Group, or Event Name(s):			
Reservation Confirmation Number(s):			
Name of Cardholder:			
Billing Address:		City:	State: Postal Code:
Phone:	Ext:	Fax:	Email:

I hereby authorize the Days Inn to apply the following charges to the credit card listed below. (check all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> First Night's Room and Tax | <input type="checkbox"/> All Room and Tax | <input type="checkbox"/> All Incidental Charges |
| <input type="checkbox"/> Banquet Deposit Only | <input type="checkbox"/> All Banquet Charges Due | <input type="checkbox"/> Other (see comments) |

Comments: _____

Last four digits of credit card:	Expiration:
Cardholder's Signature:	

Detach dotted line below and shred Credit Card information after transaction has been posted

Credit Card Information

- VISA MasterCard American Express Discover Diners

Credit Card Number:	Expiration Date:	CVV:
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PLEASE COMPLETE AND RETURN THIS FORM BY FAX TO _____
FOR PCI COMPLIANCE, PLEASE DO NOT EMAIL THIS FORM TO US