# 

# Extended Stay America Credit Card Authorization Form

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Hotel: |  | | | | | | | |
|  | | | | | | | | |
| Individual/Business/Group or Event Name: | | | | | |  | | |
|  | | | | | | | | |
| Reservation Confirmation Number: | | | | |  | | | |
|  | | | | | | | | |
| Date of Arrival or Event: | |  | | | | | | |
|  | | | | | | | | |
| Credit Card Billing Address: | | | |  | | | | |
|  | | | | | | | | |
| City / State / Zip / Country: | | |  | | | | | |
|  | | | | | | | | |
| Contact Phone Number: | |  | | | | | Email Address: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| □ Room & Tax | | □ Minibar | □ Internet | □ All Charges |
| □ Room Service | | □ All Banquet Charges | □ Phone charges |  |
| □ Breakfast | | □ Pay TV | □ Parking |  |
|  | | | | |
| I hereby authorize the following amount be applied to the credit card (applicable sales tax and service charges may apply) for charges selected above: | | | |  |

The credit card listed below may be billed for the estimated charges ten days prior to event/reservation date.

|  |  |  |  |
| --- | --- | --- | --- |
| Credit Card Number: |  | | |
|  | | | |
| Name on Card: |  | | |
|  | | | |
| Expiration Date: |  | CCV #: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Signature of Card Holder: | |  | Date: |  |
|  | | | | |
| □ | By submitting this form and any supporting documents, I confirm that I have read and agreed to the use of the personal accordance with your Global Privacy Policy for Guests, which is available at <https://www.extendedstayamerica.com/privacy/default.html> | | | |