



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:

- | | | | |
|---------------------------------------|--|--|--------------------------------------|
| <input type="checkbox"/> Room & Tax | <input type="checkbox"/> Minibar | <input type="checkbox"/> Internet | <input type="checkbox"/> All Charges |
| <input type="checkbox"/> Room Service | <input type="checkbox"/> All Banquet Charges | <input type="checkbox"/> Phone charges | |
| <input type="checkbox"/> Breakfast | <input type="checkbox"/> Pay TV | <input type="checkbox"/> 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>