



CREDIT CARD AUTHORIZATION FORM

GUEST INFORMATION:

GUEST NAME: _____ ARRIVAL DATE: _____

ADDRESS: _____ NUMBER OF DAYS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ DRIVER'S LICENSE #: _____

NON SMOKING ROOM TYPE: Single Queen Single King Double Full Double Queen

COMPANY INFORMATION:

COMPANY NAME: _____ CONTACT NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ FAX NUMBER: _____

I HEREBY AUTHORIZE SUPER 8 TO CHARGE MY CREDIT CARD AS FOLLOWS:

SIGNATURE: _____ NAME ON THE CARD: _____

CREDIT CARD TYPE: _____ CREDIT CARD NUMBER: _____

EXPIRATION DATE: _____ 3 OR 4 DIGIT CVV2 NUMBER!: _____

!This number is found on back of the card about the signature block. For American Express, It's located above the last 4 digits in front.

AMOUNT: _____

Incidental and Other Charges may apply.

DO YOU WANT THIS TO BE ONE TIME CHARGE OR RECURRING CHARGE?

CANCELLATION POLICY: If you need to cancel your room reservation, you must do so by 4:00 PM local hotel time night before your arrival date or your credit card will be charged for one night's stay.

PLEASE E-MAIL THIS FORM TO : peter12pat@gmail.com

**PLEASE ATTACH COPY OF FRONT N BACK OF CREDIT CARD WITH DRIVER'S
LICENSE OF CARD HOLDER**