

CREDIT CARD AUTHORIZATION FORM



I, _____ hereby authorize

Comfort Inn Moreno Valley to charge my credit card #:

_____ Exp. _____ CVC# _____

Name of Issuing Bank: _____ Bank Phone# _____

Name of Company (if applicable): _____

Statement Billing Address: _____

City: _____ State: _____ Zip Code: _____

NOTE: We must receive a legible photocopy of the front and back of the above credit card and a photocopy of a current and valid state issued driver's license or identification card before date of arrival. This agreement is **VALID** only with above photocopies. **ATTN: All credit card info and ID info MUST BE LEGIBLE** or we will not be able to honor this card for payment of the reservation. This completed form must be faxed or emailed with the supporting documents minimum 48 hrs prior to arrival for verification purposes.

For payment of the following (Check all that applies) Note: If Room/Tax is checked only then upon check-in guest will have to provide us with a credit card or \$100.00 cash deposit for Incidentals/Miscellaneous.

FOR: Room/Tax Incidentals Miscellaneous

Guest Name: _____

Reservation No.: _____ # of Rooms _____

Arrival Date: _____ # of Nights: _____

Room Type: _____ Room Rate: \$ _____ Total: \$ _____

Cardholder Tel. No.: _____

Cardholder Fax No.: _____

Please be advised that your credit card will be charged immediately upon receipt of this form and once the credit card is charged we are unable to issue refunds for cancelled reservation or early check-out. The issuer of the card identified on this form is authorized to pay the amount shown as **TOTAL** upon proper presentation. I promise to pay such **TOTAL** (together with any other charges due thereon) subject to and in accordance with the agreement governing the use as such card. By signing below you agree to **ALL** terms and condition of this form.

Cardholder Signature: _____