

Credit Card Authorization Form



Instructions

Please provide all information as indicated below to ensure prompt and accurate processing of your application. We also ask you to please attach a photocopy of the front and back of your credit card along with a photocopy of your driver's license before submission. Once completed, please send to fax number **(352)726-1616**. Thank you.

Card Holder Information

Name as it appears on the credit card: _____

Card Type: Visa MC Amex Diners/CB Discover

Account Type: Individual (personal credit card)
 Corporate | Company Name: _____

Account Number: _____ Exp. date: _____

Billing Address: _____

City, State and Zip: _____

Phone number: _____ Fax or alternate number: _____

Guest Information

Guest Name: _____

Confirmation Number: _____

Arrival Date: _____ Departure Date: _____

Relation to card holder: Relative Friend Business Associate Other: _____

Rate Information and Approved Charges

Room Rate (Exclusive of 6.0% County Tax and 3.0% Room Tax): _____

All Charges Room & Tax Telephone (LD) Other: _____

I hereby authorize the Holiday Inn Express & Suites of Inverness, FL to collect payment to the credit card listed above for all charges as indicated in the Rate Information and Approved Charges section of this form. I also certify that I am the authorized signer of the credit card and that all information I have provided are complete and accurate.

Card Holder Name (Please Print): _____

Card Holder Signature: _____ Date: _____