

Howard Johnson Inn  
3951 NW Blitchton Rd  
Ocala, FL 34482  
P (352) 629-7021  
F (352) 629-0510

**FACSIMILE TRANSMITTAL**

**TO:** \_\_\_\_\_ **FAX:** \_\_\_\_\_  
**FROM:** Howard Johnson Inn **DATE:** \_\_\_\_\_  
**RE:** Credit Card Authorization **PAGES:** \_\_\_\_\_

I \_\_\_\_\_ authorize the use of my credit card for  
(Guest name) \_\_\_\_\_ to obtain a room at the Howard  
Johnson Inn. He/She will be allowed to stay date (s). Dates of stay: \_\_\_\_\_.  
#of nights: \_\_\_\_\_. The room will be registered to \_\_\_\_ people,  
My credit card number is: \_\_\_\_\_ expiring \_\_\_\_\_.  
My drivers license number is: \_\_\_\_\_ from state: \_\_\_\_\_.  
My contact phone number is: \_\_\_\_\_

I authorize the following charges:

\_\_\_\_\_ Meals \_\_\_\_\_ Phone Calls \_\_\_\_\_ Gifts \_\_\_\_\_ Just Room and Tax

I understand this authorization is not valid without a copy of the front and back of my  
Credit card and my driver's license. I also understand I am subject to a fine of \$200 if  
my

Guests smoke in a non-smoking room.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please complete and return before date of arrival