



13600 SW 17th Court
 Ocala, FL 34473
 352-347-8383
 352-347-7830 Fax

ATTN: _____

Fax #: _____

Return Completed Form & All Copies

CREDIT CARD AUTHORIZATION FORM

I _____ authorize the use of my credit card for _____
 to rent _____ room (s) at the Sleep Inn & Suites in Ocala, Florida

STAY INFORMATION

Confirmation Number _____ Arrival Date _____ Departure Date _____

He / She will be staying for _____ night(s)

The rooms will be occupied by _____ adults and _____ children.

CREDIT CARD INFORMATION

_____ Name as it appears on credit card

MC VISA
 DISCOVER AMEX

Credit Card Number _____ Expiration Date _____ Security Digits _____

Drivers License Number _____ Issuing State _____ Expiration Date _____

I do or do not authorize telephone charges on this credit card

A Legible Copy of my Drivers License & the Front & Back of Credit Card is attached
(Authorization not valid without all copies)

I also understand the hotel's cancellation policy is 6 pm the day of arrival.
 Failure to cancel the reservation in accordance will result in a charge of one nights room & tax

_____ Signature

_____ Date

Return Completed Form and All Required Copies to 352-347-7830