

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 diver's license before submission. Once completed, please send to fax number **(352)315-1475**. Thank you.

Card Holder Information

Name as it appears on the credit card: _____

Card Type: Visa MC Amex Diners/CB Discover JCB

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 7.0% County Tax and 4.0% Room Tax): _____

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

I hereby authorize the Hampton Inn of Leesburg, 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: _____