



## 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)748-6429. 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 Sleep Inn & Suites, Wildwood, Florida 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: \_\_\_\_\_