

# Credit Card Authorization Form



BY CHOICE HOTELS

I, \_\_\_\_\_, authorize the Quality Inn & Suites of Kingston, New York to allow \_\_\_\_\_ to use the following credit card account listed below to cover charges listed pertaining to the guest(s) mentioned above.

Credit Card Number: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_  
Name on Credit Card: \_\_\_\_\_  
Phone # of Card Holder: \_\_\_\_\_  
Guest(s) Name(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Arrival / Departure Date(s): \_\_\_\_\_

## **Select Charges Allowed to Credit Card:**

\_\_\_\_\_ All Charges (Room & Tax, Phone, Fax, Restaurant Food, Etc.)  
\_\_\_\_\_ Room & Tax ONLY  
\_\_\_\_\_ Other (Please Specify) \_\_\_\_\_

**Authorized Signature:** \_\_\_\_\_

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

Please send a legible copy of the front and back of the credit card.

A copy of the bill will be given to your associate(s) upon check out.