



## CHARGE AUTHORIZATION FORM

I authorize Residence Inn to charge my credit card for goods and services purchased by the following guest(s)

|                 |
|-----------------|
| <b>Guest 1:</b> |
| Arrival:        |
| Departure:      |
| Confirmation:   |

|                 |
|-----------------|
| <b>Guest 2:</b> |
| Arrival:        |
| Departure:      |
| Confirmation:   |

|                 |
|-----------------|
| <b>Guest 3:</b> |
| Arrival:        |
| Departure:      |
| Confirmation:   |

|                 |
|-----------------|
| <b>Guest 4:</b> |
| Arrival:        |
| Departure:      |
| Confirmation:   |

If more than four guests are to be listed, please fillout additional forms.

What should be charged?

ROOM & TAX ONLY

ALL

(circle one)

OTHER, EXPLAIN: \_\_\_\_\_

Type of Credit Card:

VISA

MASTERCARD

AMERICAN EXPRESS

(circle one)

DINERS CLUB OTHER: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Exp: \_\_\_\_\_

CCV Code: \_\_\_\_\_

Company Name (if applicable): \_\_\_\_\_

Name exactly as it appears on card: \_\_\_\_\_

Card Holders Signature: \_\_\_\_\_

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

Name and telephone number of a person we may contact with any questions or concerns.

Additional Billing Instructions:

### IMPORTANT INFORMATION - PLEASE READ CAREFULLY!

Completely fill out the above charge authorization form and fax back to 217-527-1101. You must include a legible copy of the **FRONT & BACK of your credit card AND a copy of your photo ID**. If the authorization form is received without either of these, it will be considered incomplete and cannot be accepted.