

## **CHARGE AUTHORIZATION FORM**

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

Guest 2:
Arrival:
Departure:
Confirmation:
Guest 4:
Arrival:
Departure:
Confirmation:
pe listed, please fillout additional forms.
OOM & TAX ONLY ALL
OTHER, EXPLAIN:
A MASTERCARD AMERICAN EXPRESS
NERS CLUB OTHER:
Exp:
Date:
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.