

2620 South Dirksen Parkway Springfield Illinois 62703 phone: 217 753 4000 fax: 217 753 4166

## CHARGE AUTHORIZATION FORM

I authorize Comfort Suites, Springfield II to charge my credit card for goods and services purchased by the following guest(s)

Departure:       Departure:         Confirmation:       Confirmation:         Guest 3:       Guest 4:         Arrival:       Departure:         Departure:       Departure:         Confirmation:       Departure:         Confirmation:       Confirmation:         If more than four guests are to be listed, please fillout additional forms         What should be charged?       ROOM & TAX ONLY         (circle one)       OTHER, EXPLAIN:         Type of Credit Card:       VISA         (circle one)       DINERS CLUB         Credit Card number:       Exp:         CCV Code:       Exp:         Company Name (If applicable):       Date:         Name (exactly as it appears on the card):       Date:         Cardholders signature:       Date:         Name and telephone number of person we       Date:	Guest 1:	Guest 2:		
Confirmation:       Confirmation:         Guest 3:       Guest 4:         Arrival:       Departure:         Departure:       Departure:         Confirmation:       Confirmation:         If more than four guests are to be listed, please fillout additional forms         What should be charged?       ROOM & TAX ONLY         (circle one)       OTHER, EXPLAIN:         Type of Credit Card:       VISA         (circle one)       DINERS CLUB         Credit Card number:       Exp:         CCV Code:       Exp:         Company Name (If applicable):       Date:         Name exactly as it appears on the card):       Date:         Cardholders signature:       Date:         Name and telephone number of person we       Date:	Arrival:	Arrival:		
Guest 3:       Guest 4:         Arrival:       Arrival:         Departure:       Departure:         Confirmation:       Confirmation:         If more than four guests are to be listed, please fillout additional forms         What should be charged?       ROOM & TAX ONLY         (circle one)       OTHER, EXPLAIN:         Type of Credit Card:       VISA         (circle one)       DINERS CLUB         OTHER:       Exp:         Credit Card number:       Exp:         CCV Code:       Exp:         Company Name (If applicable):       Date:         Name and telephone number of person we       Date:	Departure:	Departure:		
Arrival:       Arrival:         Departure:       Departure:         Confirmation:       Confirmation:         If more than four guests are to be listed, please fillout additional forms         What should be charged?       ROOM & TAX ONLY         (circle one)       OTHER, EXPLAIN:         Type of Credit Card:       VISA         (circle one)       DINERS CLUB         (circle one)       DINERS CLUB         Credit Card number:       Exp:         CCV Code:       Exp:         Name (exactly as it appears on the card):       Date:         Cardholders signature:       Date:         Name and telephone number of person we       Date:	Confirmation:	Confirmat	tion:	
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Departure:       Departure:         Confirmation:       Confirmation:         If more than four guests are to be listed, please fillout additional forms         What should be charged?       ROOM & TAX ONLY         (circle one)       OTHER, EXPLAIN:         Type of Credit Card:       VISA         (circle one)       DINERS CLUB         OTHER:       Exp:         Credit Card number:       Exp:         CCV Code:       Exp:         Name (exactly as it appears on the card):       Date:         Name and telephone number of person we       Date:	Guest 3:	Guest 4:	Guest 4:	
Confirmation:       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:	Arrival:	Arrival:		
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 the card): Cardholders signature: Name and telephone number of person we	Departure:	Departure	2:	
What should be charged?       ROOM & TAX ONLY       ALL         (circle one)       OTHER, EXPLAIN:	Confirmation:	Confirmation:		
(circle one)       OTHER, EXPLAIN:         Type of Credit Card:       VISA       MASTERCARD       AMERICAN EXPRESS         (circle one)       DINERS CLUB       OTHER:	If more than four guests are	to be listed, please fillo	out additional forms	
Type of Credit Card:       VISA       MASTERCARD       AMERICAN EXPRESS         (circle one)       DINERS CLUB       OTHER:	What should be charged?	ROOM & TAX ONLY	ALL	
(circle one)       DINERS CLUB       OTHER:         Credit Card number:       Exp:	(circle one)	OTHER, EXPLAIN:		
Credit Card number: Exp: Exp: Exp: CCV Code: Exp: CCV Code: Company Name (If applicable): Exp: Company Name (If applicable): Exp: Cardholders as it appears on the card): Cardholders signature: Date: Date: Cardholders signature: Date: Cardholders signature: Cardholders signature: Date: Cardholders signature: Cardholders signature: Date: Cardholders signature: Cardholders signature: Cardholders signature: Date: Cardholders signature: Cardholders signature: Cardholders signature: Cardholders signature: Date: Cardholders signature: Cardholders sign	Type of Credit Card:	VISA MASTER	RCARD AMERICAN EXPRESS	
CCV Code: Company Name (If applicable): Name (exactly as it appears on the card): Cardholders signature: Name and telephone number of person we	(circle one)	DINERS CLUB	OTHER:	
Company Name (If applicable): Name (exactly as it appears on the card): Cardholders signature: Name and telephone number of person we	Credit Card number:		Exp:	
Name (exactly as it appears on the card): Cardholders signature: Date: D	CCV Code:		_	
Cardholders signature: Date: Date:	Company Name (If applicable):			
Name and telephone number of person we	Name (exactly as it appears on the card):			
	Cardholders signature:		Date:	
may contact with any questions or concerns.	Name and telephone number of perso	on we		
	may contact with any questions or concerns.		additional billing instructions:	

## **IMPORTANT INFORMATION - PLEASE READ CAREFULLY**

Completely fill out the above charge authorizatoin form and fax back to 217 753 4166 or email to lor.comfortsuites.il127@gmail.com or jhamilton.comfortsuites@gmail.com. You **MUST** include a legible copy of the **FRONT & BACK** of your credit card AND a **copy of your photo ID**. If the authorizatin form is received without either of these, it will be considered incomplete and cannot be accepted,