



BY CHOICE HOTELS

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

CHARGE AUTHORIZATION FORM

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

Guest 1:
Arrival:
Departure:
Confirmation:

Guest 2:
Arrival:
Departure:
Confirmation:

Guest 3:
Arrival:
Departure:
Confirmation:

Guest 4:
Arrival:
Departure:
Confirmation:

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

What should be charged?
(circle one)

ROOM & TAX ONLY

ALL

OTHER, EXPLAIN: _____

Type of Credit Card:
(circle one)

VISA MASTERCARD AMERICAN EXPRESS

DINERS CLUB OTHER: _____

Credit Card number: _____

Exp: _____

CCV Code: _____

Company Name (If applicable): _____

Name (exactly as it appears on the card): _____

Cardholders signature: _____

Date: _____

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

<i>additional billing instructions:</i>

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,