



Credit Card Authorization

Guest Name: _____

Arrival Date: _____

Number of Nights: _____

Confirmation Number: _____

Credit Card Type:

_____ Amex	_____ Diner's Club
_____ Visa	_____ MasterCard
_____ Discover	

Credit Card Number: _____

Exp. Date: _____

Cardholder's Name: _____

Phone Number: _____

I understand that I am responsible for the payment of:

_____ Room Charges and Tax Only

_____ Room Charges and Phone Calls

_____ Room Charges, Telephone calls, and Miscellaneous Charges

for the above named person's stay at Wingate by Wyndham Springfield
on my credit card account.

Signature: _____

_____ Give copy of receipt to guest

_____ E-mail original receipt to cardholder at the following address:

Notes: _____
