

## **CHARGE AUTHORIZATION FORM**

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

Guest 1:	Guest 2:		
Arrival:	Arrival:		
Departure:	Departure:		
Confirmation:	Confirmation:		
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? RO	ld be charged? ROOM & TAX ONLY ALL		
(circle one) O	OTHER, EXPLAIN:		

VISA	MASTERCARD	AMERICAN EXPRESS

DINERS CLUB OTHER:

(circle one)
Credit Card Number:
CCV Code:

Type of Credit Card:

Company Name (if applicable):

Name exactly as it appears on card:

Card Holders Signature:

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

Additional Billing Instructions:

Date:

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

## **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.