

Consider us home? CHARGE AUTHORIZATION FORM

I authorize Candlewood Suites 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 gue	ests are to be list	ed, please fillout add	litional forms.	
What should be charged?	ROOM	I & TAX ONLY	ALL	
(circle one)	OTHER, EXPLAIN:			
Type of Credit Card:	VISA	MASTERCARD	AMERICAN EXPRESS	

(circle one)	DINERS CLUB	OTHER:	
Credit Card Number: CCV Code:			Exp:
Company Name (if applicable):			
Name exactly as it appears on	card:		
Card Holders Signature:			Date:
Name and telephone number of may contact with any questions	-	Additional 1	Billing Instructions:

IMPORTANT INFORMATION - PLEASE READ CAREFULLY!

Completely fill out the above charge authorization form and fax back to 217-522-1101. 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.