



## CREDIT/DEBIT CARD AUTHORIZATION

I, \_\_\_\_\_ (NAME) of \_\_\_\_\_ (COMPANY) hereby authorize **Days Inn - Pearl** to charge my credit/debit card in payment for the guest listed below. I agree to be responsible for all of the guest's incidental charges if the guest listed below do not provide their own credit/debit card at check in.

**IF THIS FORM IS INTENDED TO USE AND AUTHORIZE FOR A MISCELLANEOUS PURPOSE BESIDES ROOM AND TAX, PLEASE INDICATE WHAT IS BEING AUTHORIZED:**

**AUTHORIZED FOR:** \_\_\_\_\_

**Card Type:** (check one)  VISA  M/C  A/X  DISCOVER/DINERS

**Credit/Debit Card Number:** \_\_\_\_\_

**Exp. Date:** \_\_\_\_\_ **3 Digit CVC Code:** \_\_\_\_\_

**Cardholder's Name:** \_\_\_\_\_

**Cardholder's Phone:** \_\_\_\_\_ **Cardholder's Fax:** \_\_\_\_\_

**Cardholder's Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Guest Name:** \_\_\_\_\_

**Confirmation Number:** \_\_\_\_\_

**Guest Arrival Date:** \_\_\_\_\_ **Guest Departure Date:** \_\_\_\_\_

\_\_\_\_\_  
**AUTHORIZED CARDHOLDER'S (Signature)**

\_\_\_\_\_  
**DATE**

**\*\*\*\*\* PLEASE ATTACH A FRONT AND BACK COPY OF THE CREDIT CARD AND DRIVERS LICENSE. THE NAMES ON BOTH DOCUMENTS MUST MATCH \*\*\*\*\***