



CREDIT CARD AUTHORIZATION

The physical credit card will not be presented at check-in as payment. This fax INCLUDING FRONT & BACK COPIES OF THE CREDIT CARD serve as payment and are to be held for the guest's arrival.

I _____, authorize the charges at Sleep Inn Phoenix Airport to be charged on this credit card:

Credit Card Type: _____

Credit Card #: _____

Expiration Date: _____

Name as it appears on the card: _____

Phone Number _____

Email _____

Authorized charges to be billed on provided credit card number:

___ Any and All Charges Incurred

___ Room & Tax Only (Guest will need to provide credit card for incidentals)

___ Long Distance Telephone Charges

___ Food & Beverage

___ Laundry Service

___ Other: _____

Confirmation # / Group ID: _____

Check IN Date _____

Check Out Date _____

Name on Reservation: _____

Cardholders Authorizing Signature: _____ Today's Date: _____

Please complete this form and fax it and a copy of your credit card front and back along with a copy of your driver license to 480-921-7400, attention Front Desk.

Sleep Inn Phoenix Airport Hotel - Phoenix, AZ

2621 S. 47th Place, Phoenix, AZ 85034

Phone: 480-967-7100 Fax: 480-921-7400

Email: gm.az805@choicehotels.com

