

Comfort Inn & Suites
1905 John Fries Highway
Quakertown, PA 18951
Ph: 215.538.3000 Fax: 215.538.2311
Email: gm.pa164@choicehotels.com



BY CHOICE HOTELS

Credit Card Authorization Form

Attn: _____ Fax # _____
Fax Date: _____

Name of Guest _____
Confirmation # _____ Date of Arrival _____
Length of Stay _____
Type of Room _____
i.e. Smoking/Non-smoking, Double, King, Suite

Name of Company: _____
Address of Company: _____
Telephone _____

The information of the credit card below is the card that will be used for charges:
Please select one of the following options:

Room & Tax ONLY:	Y	N
All Charges (Room and Telephone charges)	Y	N

Type of Credit Card: Visa MasterCard Discover American Express Diner's Club

**For Direct Billing, an account must be set up with the hotel in advance

Credit Card # _____ Exp Date ____/____ Security Code _____
Name on the card as printed _____
Billing address on card _____

Authorizing Signature (must match card) _____

*** A readable photocopy of the front AND back of the credit card being used MUST be included with the information above. Without a photocopy, the guest cannot check in.