



CREDIT CARD AUTHORIZATION FORM
PLEASE PRINT AND COMPLETE THIS AUTHORIZATION
All information will remain confidential

Name on Card: _____

Billing Address: _____

Credit Card Type: ___ Visa ___ Mastercard ___ American Express ___ Discover

Credit Card Number: _____

Expiration Date: _____

Card Identification Number (CVV): _____ (Last 3 digits located on the back of the credit card)

I authorize **Comfort Inn** to charge the amount in my monthly statements to the credit card provided herein. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder – Please Sign and Date

Signature: _____

Date: _____

Print Name: _____

Return the completed and signed form to the following:

Fax To: (925) 206 – 4224

Or

Email: comfortinnantioch@gmail.com