



CREDIT CARD AUTHORIZATION FORM

For the company's protection, as well as the protection of the hotel, we kindly request that you submit the following information to authorize the use of the credit card for our future guests:

COMPANY OR PARTY _____
CARDHOLDER NAME _____
CARDHOLDER SIGNATURE _____
CREDIT CARD TYPE _____
CREDIT CARD NUMBER _____
CREDIT CARD EXPIRATION _____
DATE RANGE UNTIL AUTHORIZATION IS VOID _____

(Please understand the time period can only be a maximum of 6 months before we would request a new valid authorization. If the card expires prior to 6 months, the agreement defaults to the expiration date.)

Permission is granted to the name(s) printed below:

- ROOM and TAX ONLY
 ROOM, TAX and INCIDENTALS

THIS AUTHORIZATION MUST BE ACCOMPANIED BY A COPY OF THE FRONT AND BACK OF THE CREDIT CARD WITH THE NAME OF THE CARDHOLDER LISTED ABOVE CLEARLY VISIBLE.

The Holiday Inn Express & Suites looks forward to exceeding the expectations of your travelers. All the above information is confidential and in secure files. We appreciate the opportunity to work with you.