

CREDIT CARD AUTHORIZATION

This document will serve as written authorization for a guest and or group(s) charges for their stay at University Inn & Suites 902 S Mill Ave, Tempe, AZ 85281. For more information please call 480.966.7221 THIS CC AUTHORIZATION IS FOR:

Individual Guest Stay

Group Stay

Guest info

Guest Name

First Name Last Name

Room charges for

Specific date as bellow

Number of Rooms

I agree to pay these charges for above guest

Group info

Company Name

Group Name

Group Date (Check-in & Check-out)

Type of Room

Any available

Room with 2 double beds

Room with 1 King bed

Room with 1 Queen bed

I agree to pay these charges for above group as per contract

CC Holder's Info

CC Holder's Name (As shown on CC)

First Name

Last Name

Driver Licence Number

State

Billing address Address as per your Credit Card statement

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Country

E-mail

Phone Number

Credit Card Info

Type of CC

American Exp.

Visa

Master Card

Discover

Credit Card #

ex:4388576012349458

Month**Year**

Note: Charges for room and tax, group deposits or direct bill account payments will be charged to your credit card on day of arrival. Any incidental charges will be charged at the time of check-out, or after check out. By signing below, you authorize the Inn to charge your credit card immediately for the total amount. You further acknowledge that if “all charges” has been selected, then all guest/group related charges (less Deposit) will be charged to the above card number at the time of checkout or event conclusion.

I Agree

Signature

Attachments

A copy of credit card holder's driver licence and copy of front and back of credit card is required with this authorization.

Attach using camera