



Credit Card Authorization Form

Guest's Name: _____

Arrival Date: _____

Departure Date: _____

Room and Tax Only

Room, Tax and Incidentals

Credit Card Type:

Visa

Mastercard

Discover

American Express

Other _____

Credit Card Number: _____

Exp. Date: _____

Credit Card Holder Information

First Name: _____

Middle Initial: _____

Last Name: _____

Billing Address: _____

City: _____

State: _____

Zip Code: _____

Email: _____

Telephone: _____

Signature: _____

Date: _____

Holiday Inn Express & Suites Austin NW- Arboretum Area Austin, TX 78759

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