

From: La Qu	ıinta Inn #	_		
La Quinta Fa	x Number:			
Date:				
то:				
Fax Number	:			
Subject: Autl	horization for Credit C	ard Usage		
1		hereby aut	thorize La Quinta Inn (Property #	or Property Name
			(type of card Visa, MasterCard	
			(guest name) t	
(date) and dep	part on (date). I agree th	at I am responsible for charges incu	rred.
Circle One:	All Charges	ı	Room and Tax Only	
	ne (if applicable): umber:			
	te:			
	d:			
				
Date:				
Please also at	tach a copy of the front	of the credit car	rd. Please fax back to the La Quinta f	fax number above.
Thank you,				
La Quinta Inn	Management			

wake up on the bright side™