

CREDIT CARD AUTHORIZATION AGREEMENT

I, _____ do authorize Holiday Inn Austin Airport, Austin, TX to charge the following to my credit card:

Please check the charges you wish to apply to your credit card.

Room & Tax only Guest Incidentals only All Charges

Guest: _____

Arrival date: _____ Departure date: _____ # of Rooms: _____

Confirmation Number(s): _____

CREDIT CARD INFORMATION:

Cardholder(s) Name: _____

Company Name: _____

Address: _____

City, State, Zip Code: _____

Phone #: _____

E-mail Address: _____

Type of Card: Visa Master Card American Express Discover Other

Credit Card #: _____ Expiration Date: _____

***Please print and complete this form. Fax or email this form along with a copy of the front and back of your credit card, and a copy of your photo ID to the hotel at 866-777-7806 or aushi@glodging.com.**

Cardholder's Signature: _____ Date _____

Additional information: _____
