

**Comfort Suites Austin Airport
7501 E. Ben White Blvd.
Austin, TX 78741 ph. 512-386-6000**

Please Fax Back to: 512.386.6001

By completing and submitting this form, I authorize the **COMFORT SUITES AUSTIN AIRPORT**, to charge my credit card for the rooms or catered function and agree that any dispute will be resolved no later than ten (10) days from the date of the departure of function. I understand that an approval authorization will be made with the credit card company seventy-two (72) hours prior to the arrival or function date.

TO BE COMPLETED BY CLIENT

Group / Function Name: _____

Arrival / Function Date: _____

Type of Card: _____

Card Number: _____

Exp. Date: _____

Name as shown on Card: _____

Authorized Signature on Card: _____

PLEASE CIRCLE: ROOM & TAX ONLY OR ALL CHARGES

-Note-

(Please include a copy of the front and the back of the credit card.)