



721 Emerson Road
Suite 400
St. Louis, MO 63141

Credit Card Authorization Form

Please fill out the entire form. Only completed forms will be processed.

I agree to pay for the following charges associated with the upcoming stay (choose **all** that apply:)

- Room Charges and all applicable taxes
- Guest Pantry, if available
- Dry Cleaning
- Other (please specify other; i.e., parking at select locations) _____

for the named guest **or** group _____

at the hotel location _____

arriving on _____

Cardholder's Signature _____

Cardholder's name as it appears on the credit card (please print): _____

Indicate Card Type American Express Discover Visa MasterCard Diners Club Inter

Enter **ONLY** the last four digits of credit card number _____

Cardholder's Phone Number _____

Cardholder's Billing Address _____

Cardholder's City / State / Zip _____

This Authorization is the entire agreement between the parties and may only be supplemented or changed in writing. There are no restri conditions on this Authorization unless otherwise written above.

Please **fax** completed form to 877-787-3204



****For Drury Internal Use**** If applicable, enter the Group Confirmation Number _____

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