

Candlewood Suites – Credit Card Authorization
4320 IH 35 South
Austin, TX 78745
512-444-8882 Office
512-444-5514 Fax

Today's Date: ____ / ____ / ____ Attention: _____

Sender's Name: _____

Your Phone #: ____ - ____ - ____ Your Fax #: ____ - ____ - ____

Name of Guest(s)	Arrival Date	Departure Date	Confirmation Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Name on Credit Card (Please Print): _____

Credit Card Number _____ Exp Date _____

Credit Card Type (Please Choice One):

American Express: ____ Visa: ____ MasterCard: ____ Discover: ____ Diner's Club: ____

Company Name & Address: _____

Phone Number: ____ - ____ - ____

I authorize Candlewood Suites – Austin South to charge the credit card listed above for the charges indicated below:

- All charges for the duration of the above guest (s) stay. (Room/Tax & Incidentals)
- Room & Tax Only for the duration of the above guest (s) stay.
- Dry Cleaning
- Long Distance Phone Charges
- Candlewood Cupboard Charges
- Other (please specify): _____

Signature of Credit Card Holder: _____

Please Fax this completed form and a copy of the Front and Back of the Actual Card to 512-444-5514 prior to guest (s) stay. Please make sure the credit card information is clear to read.