



Springhill Suites Austin South, 4501 SIH 35, Austin, Texas 78744  
T: 5124418270 Fax: 5124418416  
Credit / Debit Card Authorization Form

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Dear Sir/Madam,

Please provide all information requested below to ensure prompt processing of your request to charge your credit card for the charges indicated below. We ask you to sign and date the form before submission. Please email or fax the completed to : fax: 5124418416

(contact name) [redacted] email address: [redacted]

**Cardholder Information – Required**

Name as it appears on the credit/debit card: [redacted]

Card Type:            Visa MC [redacted]    Amex [redacted]    Discover [redacted]  
                                 Diners/CB [redacted]    JCB [redacted]

Account Type:    Personal [redacted]    Corporate/Company [redacted]

Issuing Bank: [redacted]            Phone #: [redacted]

**Hotel will contact to verify card number.**

Card Number: [redacted]            Expiration Date: [redacted]

Address:  
(where statement is mailed) [redacted]

City, State, Zip: [redacted]

Home Phone Number: [redacted]    Cell Number: [redacted]

Fax Number: [redacted]            Alternate Phone Number: [redacted]

Email Address: [redacted]

If you are using a company card, please complete the information below:

Corporate/ Company Name: [redacted]  
Address: (cannot be a PO Box) [redacted]  
City: [redacted]            State: [redacted]            Zip Code: [redacted]  
Phone Number with Area Code: [redacted]  
Authorized Printed Name: [redacted]  
Authorized Signer's Business Title: [redacted]

**Cardholder – Rate Information and Authorized Charges**

Guest Name(s) [redacted] Arrival Date [redacted]

All Charges [redacted] Total Rate with taxes per night \$ [redacted] Number of nights [redacted]

Incidental Charges (select approved charges) Phone [redacted] Room service [redacted]

Internet [redacted] Restaurant [redacted] Liquor [redacted] Valet [redacted] Parking [redacted]

Other (please specify) [redacted]

**Total charges not to exceed** \$ [redacted]

I certify that all information is complete and accurate. I hereby authorize Springhill Suites Austin South to collect payment for the charges for [redacted] as indicated in the Rate Information and Authorized Charges section of this form by processing charges to the credit/debit card listed above. I understand that a new form will have to be completed if the guest wishes to extend his/her stay. I certify that I am the authorized signer of the credit/debit card listed above.

**Cardholder name: (printed)** [redacted]

*Cardholder signature* [redacted]

Date: [redacted]

**Guest Information – Required – Identification will be required at check in**

Guest Name (s): [redacted]

Address: [redacted]

City, State, Zip [redacted]

Home Phone Number: [redacted] Cell Number [redacted]

Fax or Alternate Number: [redacted] Work Number: [redacted]

Email Address: [redacted]