



Third Party Card Authorization Form

Please complete all fields.

Card Information	
Card Type:	<input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> American Express
Third Party Name: _____	Name on Card: _____
Card Number: _____	Expiration Date (MM/YY): _____ / _____
Card Billing Address	
Street: _____	
City: _____	State\Province: _____
Country: _____	Postal Code: _____
Guest & Third Party Contact Information	
Guest Name: _____	Guest Phone: _____
Third Party Name: _____	Third Party Phone: _____

I, _____ authorize Childress Inn in the amount of \$_____ to this card above for agreed upon purchases/services. I understand that my information will be saved on file for future transactions on my account. By signing below, you agree that this authorization will remain in effect until I cancel it in writing and is received by Childress Inn, and I agree to notify Childress Inn in writing of any changes in my account information or termination of this authorization. Any information provided in this form will be used for the completion of this transaction only. I certify that I am an authorized user of this credit/debit card and that I will not dispute or issue a chargeback on the payment(s) with my credit/debit card company provided the agreed upon services were rendered.

Signature: _____
Authorized Card User Signature

Date: _____ / _____ / _____
MM/DD/YYYY