



# Third Party Credit Card Authorization Form

This form has been created to allow you to have third party expenses charged to your credit/debit card. I understand that the hotel is not required to accept this form, and the guests should check with the hotel to ensure they accept third part transactions. 860.395.1414 Please provide all the information requested below to ensure prompt processing of your application. We ask you to please sign and date the form and email it back to us.

**FOR SECURITY reasons, the Quality Inn conforms to all Payment Card Industry (PCI) standards**

### **CARDHOLDER INFORMATION - Required**

Name as it appears on the credit/debit card: \_\_\_\_\_

Card Type:     Visa             MC             Amex     Discover

Account Type:     Individual -  Debit /  Credit             Corporate - Company Name: \_\_\_\_\_

Issuing Bank: \_\_\_\_\_ Phone: \_\_\_\_\_

Account Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Address (statement): \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax or Alternate Number: \_\_\_\_\_

### **GUEST INFORMATION - Required**

Guest Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Company: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax or Alternate \_\_\_\_\_

Confirmation Number: \_\_\_\_\_ Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_

Number: \_\_\_\_\_

Relation to Cardholder:     Relative             Friend             Business Associate     Other \_\_\_\_\_

I understand that should there be any issues with the credit/debit card being used to settle my charges, I will be responsible for all expenses incurred during my stay. Departure date cannot be extended unless a new authorization form is completed.

Guest Name: (Printed) \_\_\_\_\_

Guest Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **APPROVED CHARGES - Required**

Number of Nights: \_\_\_\_\_

All Charges             Room & Tax             Marketplace

Other \_\_\_\_\_

I certify that all the information is complete and accurate. I hereby authorize the Quality Inn to collect payment for all charges as indicated in the Rate Information and Approved Charges section of this form by processing a charge 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) \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please do not send a photocopy of the front or back of your credit card.**