

CREDIT CARD AUTHORIZATION FORM

GUEST INFORMATION:

GUEST NAME:	ARRIVAL DATE:	
ADDRESS:		
CITY:	STATE:	ZIP CODE:
PHONE:	DRIVER'S LICENSE #:	
ROOM TYPE: King Room	🗆 Double Queen Roo	m
COMPANY INFORMATIC	<u>N:</u>	
COMPANY NAME:	CONTACT NAME:	
ADDRESS:		
CITY:	STATE:	ZIP CODE:
PHONE:	FAX NUMBER:	
I HEREBY AUTHORIZE F FOLLOWS:	DDY'S MOTEL TO	CHARGE MY CREDIT CARD AS
SIGNATURE:	NAME ON THE CARD:	
CREDIT CARD TYPE:	CREDIT CARD N	UMBER:
EXPIRATION DATE:		CVV2 NUMBER!
AMOUNT:	NUMBER OF DAYS:	
DO YOU WANT THIS TO BE ONE TIM	1E CHARGE OR 🗌 RECURRIN	G CHARGES?

<u>CANCELLATION POLICY</u>: If you need to cancel your room reservation, you must do so by 6:00 PM local hotel time night before your arrival date or your credit card will be charged for one night's stay.

PLEASE EMAIL THIS FORM TO 1807threepoints@gmail.com