

BAYMONT INN AUGUSTA GA FAX 706.855.8008

Credit Card Authorization Form

PLEASE PRINT OUT AND COMPLETE THIS AUTHORIZATION AND RETURN TO US.
Please attach copy of front and back of CC and State Issued ID.
All information will remain confidential.

Please charge my credit card for the following guests ___ All Charges ___ Room & Tax only

Guest Name _____ Arrival Date _____ # Rooms _____

___ Recurring charge: Please check here if guest named above is authorized the charge upon future visits to our hotel until _____ (expiration date).

Cardholder Name: _____

Billing Address: _____

Credit Card Type: ___ Visa ___ Mastercard ___ Discover ___ AmEx

Credit Card Number: _____

Expiration Date: _____

Card Identification Number (last 3 digits located on the back of the credit card): _____

I authorize this hotel to charge to my credit card provided herein in the amount totaling items listed above. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder – Print Name, Sign and Date Below:

Signed: _____

Dated: _____