

CREDIT CARD AUTHORIZATION FORM



482 US 202 North Flemington, NJ 08822
Phone: 908.782.2883 | Fax: 908.806.0453
E-mail: info@travelinnsuitesnj.com

Attachments

FAX OR EMAIL THIS FORM ALONG-WITH COPY OF DRIVER LICENSE / ID AND COPY OF CREDIT CARD (SIDE WITH NUMBERS)
OUR FAX: 908.806.0453 AND E-MAIL: INFO@TRAVELINNSUITESNJ.COM

Guest Information

Guest Name:

FIRST NAME

LAST NAME

Accommodation:

CHECK-IN DATE

FOR # OF NIGHTS

ADULT IN ROOM

Cardholder Information

Cardholder Name:

FIRST NAME

LAST NAME

Contact Info:

PHONE NUMBER

E-MAIL ADDRESS

Billing Address:

STREET

CITY

STATE

ZIP

Type of Credit Card:

Visa

Master Card

Discover

American Express

CARD NUMBER

CARD EXP DATE

I agree to cover the following categories of charges

All Charges

Room & Tax

This authorization could be used for

One time use only

Multiple use (Exp in 1 year from today)

I authorize TRAVEL INN & SUITE to charge my credit card provided in this Authorization form to above stated person. I authorize the maximum amount for this transaction is: \$

AMOUNT

By signing below, you authorize Travel Inn & Suites - Flemington to charge your credit card immediately for the amount indicated above up to "Maximum Amount" indicated above. You further acknowledge that if "all charges" has been selected, then all guest related charges will be charged to the above credit card number at the time of check-in or event conclusion. Charges for room and tax will be charged to your credit card immediately. Any incidental charges will be charged (if there any) at the time of check-out.

Print your name bellow for eSignature

Cardholder Signature

Date

Note: eSignatures signed documents hold up in a court of law and signatures to be legally binding in the U.S.