



BY CHOICE HOTELS

CREDIT CARD AUTHORIZATION

The physical credit card will not be presented at check-in as payment. This fax INCLUDING FRONT & BACK COPIES OF THE CREDIT CARD serve as payment and are to be held for the guest's arrival.

I _____, authorize the charges at Comfort Inn Fountain Hills to be charged on this credit card:

Credit Card Type: _____

Credit Card #: _____

Expiration Date: _____

Name as it appears on the card: _____

Phone Number _____

Email _____

Authorized charges to be billed on provided credit card number:

____ Any and All Charges Incurred

____ Room & Tax Only (Guest will need to provide credit card for incidentals)

____ Long Distance Telephone Charges

____ Food & Beverage

____ Laundry Service

____ Other: _____

Confirmation # / Group ID: _____

Check IN Date _____

Check Out Date _____

Name on Reservation: _____

Cardholders Authorizing Signature _____ Today's Date: _____

Please complete this form and fax it and a copy of your credit card front and back along with a copy of your Drivers license to 480 837-9146 attention Front Desk.

17105 E. Shea Blvd. Fountain Hills, AZ 85268

Phone: 480-837-5343 Fax: 480-837-9146

Email: info@comfortinnfountainhills.com

