

CREDIT CARD AUTHORIZATION FORM

GUEST INFORMATION:

GUEST NAME: _____ ARRIVAL DATE: _____

NUMBER OF ROOMS: _____ NUMBER OF DAYS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____

NON SMOKING ROOM TYPE: QUEEN KING 2 QUEENS

COMPANY INFORMATION:

COMPANY NAME: _____ CONTACT NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ EMAIL: _____

I HEREBY AUTHORIZE ASHLAND MOTEL TO CHARGE MY CREDIT CARD AS FOLLOWS:

SIGNATURE: _____ NAME ON THE CARD: _____

CREDIT CARD TYPE: _____ CREDIT CARD NUMBER: _____

EXPIRATION DATE: _____ 3 OR 4 DIGIT CVV2 NUMBER: _____

*This number is found on the back of the card about the signature block. For American Express, It's located above the last 4 digits in front.

AMOUNT: _____

Incidental and Other Charges may apply.

INCIDENTAL DEPOSIT WILL BE \$100 PER ROOMS.

