



BY CHOICE HOTELS

1717 Park Ave. Chico, CA - 95928

Phone: 530-342-9472

Fax: 530-891-4828

CREDIT CARD PAYMENT AUTHORIZATION FORM

Please complete all areas below. Incomplete requests may be rejected. This form must be received at least 5 business days prior to the Check-In, or by specified date in Event Contract, to ensure acceptance of the credit card to be charged.

HOTEL USE ONLY:

Guest /Group Name: Check-In/Event Date: Check-Out Date:

Name of Person/Group Making Reservation: Phone: Date:

CARDHOLDER - Please complete the following section and sign/date below.

Card Holder Name as it Appears on Credit Card: Cardholder Billing Address: City: State Zip:

Day Phone: Evening Phone:

Credit Card Number Expiration Date CC Code

Credit Card Type

Visa/Master Card American Discover Diners Club

I agree to cover the following categories of charges: (please select one)

All Charges Room and Tax

I agree to cover the above categories of charges up to a Maximum Amount of: Enter Dollar Amount \$

Note: Charges for room and tax, group deposits or direct bill account payments will be charged to your credit card immediately. Any incidental charges selected above will be charged at the time of check-out.

Amount to be immediately charged to credit card for room and taxes or deposit: Enter Amount \$

By signing below you are authorizing Rodeway Inn - Chico Hotel to charge your credit card immediately for the amount indicated above up to the "Maximum Amount" indicated above. You further acknowledge that if "all charges" has been selected, then all guest/group related charges (less deposit) will be charged to the above card number at the time of check-out or event conclusion.

When faxing this form please include a copy of your credit card and identification card. Fax To: 530-891-4828

Card Holder Signature: \_\_\_\_\_