|  |
| --- |
|  |
| 902 S Mill Ave, Tempe, AZ 85281PH: 480.966.7221 FAX: 480.968.0310universityinnstaff@gmail.com [www.universityinntempe.com](http://www.universityinntempe.com) |
| This form has been created in order to allow you to have third party expenses charged to your credit card. Please provide all the information requested below to ensure prompt processing. You may fax or email the completed form to the inn. This authorization will remain in effect until cancelled.  |
| **Card Holder Information (REQUIRED)** |
| **Card Type:** [ ] VISA [ ] MasterCard. [ ] AMEX [ ]  Discover |
| **Name (as shown on card):** **Billing Address:****Phone Number:** |
| **Credit Card Number:** **\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_**  |
| **Expiration Date (mm/yy):** **CVV Code:** |
|  |
| **Arriving Guests Name(s):** |
| **Arrival Date:** **Departure Date:** |
| **Daily Rate $****Taxes 14.07% Total Daily Rate $** **#Nights****Incidentals $100** **[ ] Use Existing Credit Card OR** **[ ] Guest Will Provide Credit Card** |
| I,       certify that all information is completed and accurate. I hereby authorize UNIVERSITY INN & SUITES to collect payment as indicated in the Rate Information above by processing a charge to the credit card listed above. I understand that a new form will need to be completed if guest wishes to extend his/her stay. I certify that I am the authorized signer of the credit card listed above. I understand that if the inn is unable to obtain approval on above mentioned card, that the inn will require an alternate form of payment and reservation will not be guaranteed.**Card Holders Printed Name:****Cardholders Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_Date*****\*\*\*PLEASE PROVIDE A COPY OF THE CARD HOLDER’S DRIVERS LICENSE\*\*\**** |