



902 S Mill Ave, Tempe, AZ 85281  
PH: 480.966.7221 FAX: 480.968.0310  
[universityinnstaff@gmail.com](mailto:universityinnstaff@gmail.com)  
[www.universityinntempe.com](http://www.universityinntempe.com)

This form has been created 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 email the completed form to the Inn at [UniversityInnStaff@gmail.com](mailto:UniversityInnStaff@gmail.com). This authorization will remain in effect until canceled.

**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:**

**RATE INFORMATION:**

**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 the 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, 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 & FRONT AND BACK OF CREDIT CARD\*\*\***