

Credit Card Authorization

Please complete this form to authorize **Holiday Inn South Plainfield (dba Menlo Management SP LLC)** to charge the indicated amounts to the listed credit card. This form must be accompanied by a legible photocopy or scan of:

- Credit card - front & back
- Photo identification of cardholder

GUEST INFORMATION

Guest Name: _____ Company: _____

Arrival: _____ Departure: _____ # Rooms: _____ Confirmation #: _____

AUTHORIZATION

Credit card may be charged for the following: **All Charges** Room & Taxes Only
 Phone & Movies Laundry Service Dining & Room Service Other _____

Notes regarding authorization (include information about invoices and specific payment amounts here):

CREDIT CARD DETAILS

Cardholder Name: _____ Phone: _____

Address: _____ City / State / Zip: _____

Card Type: VS MC AX DS Card Number: _____

***Include copy of credit card front + back and cardholder photo ID Exp. Date: _____ CVV: _____

Cardholder acknowledges this credit card will be charged for payments as indicated above. Upon checking in, authorizations will be held on the credit card for the full amount of services rendered, which may temporarily affect available credit.

Signature: _____ Date: _____