

## AUTHORIZATION TO CHARGE CREDIT CARD

### INSTRUCTIONS:

- (1) Please call us to confirm room availability and rates.
- (2) Please fill out this form and fax to Park Motel (479) 968-4862, along with a photocopy of your credit card and state issued photo identification (e.g. driver's license). Failure to fill out form completely will delay check-in. Check-In Time: 2.00 P.M.

Cardholder's Name: \_\_\_\_\_

Cardholder's Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_ (receipts can be sent to your email account)

Company's Name: \_\_\_\_\_

Credit Card # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Security Code: \_\_\_\_\_

### ROOM RESERVATION:

Date of Arrival: \_\_\_\_\_

Name of Guest(s): \_\_\_\_\_

Total Charge Per Night: \$ \_\_\_\_\_ (Please call us for this information)

Number of Nights: \_\_\_\_\_

Grand Total Charge: \$ \_\_\_\_\_

By signing this form, I, the above-named Cardholder, hereby authorize Park Motel Russellville to charge my above credit card account for all charges associated with the above requested room reservation, including room charges, taxes, and any resulting damages. I understand and accept that Park Motel Russellville has a no refund policy and that the above room reservation is non-cancellable.

\_\_\_\_\_  
Authorizing Signature of Cardholder

\_\_\_\_\_  
Today's Date