CREDIT CARD AUTHORIZATION

DATE: _____

This is to confirm _____is

(Guest name – attach list if more than two guests)

I authorized to use my credit card for payment of their charges while staying at your Super 8 O'Hare motel.

DATES: **ARRIVAL -** ____/____/____ **DEPARTURE -** ____/____/_____

CARD TYPE: MASTER CARD ☐ / VISA ☐ / AMERICAN EXPRESS ☐ / DISCOVER ☐ / or OTHER: _____

NAME ON CREDIT CARD: _____ (Please fax copy of I.D.)

CARD NUMBER: _____ (Please fax copy of card)

EXPERATION: _____

Call me at _____ if you have any questions.

I understand that I am responsible for all charges incurred on this account, as specified:
(Initial level you intend to pay for)

A) Room and tax only: ☐ (Guest must pay all incidental charges.)

B) Room, tax, and fax/ phone charges: ☐ (Movies/games are blocked.)

C) ALL charges: ☐ (Room, Phone, fax, movies, games, etc.)

CARDHOLDER'S SIGNATURE: _____

CARDHOLDER'S NAME: _____ (Please Print)

Please fax this letter and copy of the credit card (front and back) as well on 1-847-827-3246. As the card holder's Identification.