

# Comfort Inn & Suites

1905 John Fries Highway

Quakertown, PA 18951

Ph: 215.538.3000 Fax: 215.538.2311

Email: [gm.pa164@choicehotels.com](mailto:gm.pa164@choicehotels.com)



BY CHOICE HOTELS

## Credit Card Authorization Sheet

Attn: \_\_\_\_\_ Fax # \_\_\_\_\_

Fax Date: \_\_\_\_\_

Name of Guest: \_\_\_\_\_

Confirmation #: \_\_\_\_\_ Date of Arrival: \_\_\_\_\_

Length of Stay: \_\_\_\_\_

Type of Room: \_\_\_\_\_ (Smoking/Non-Smoking, Double, King, Suite)

Address of Guest/Company: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Telephone #: \_\_\_\_\_

The information of the credit card below is the card that will be used for charges:

Please select one of the following options:

Room & Tax ONLY: Y N

All Charges (Room Service & Telephone Charges) Y N

Type of Credit: Visa American Express Diner's Club  
Discover MasterCard \*\*Direct Bill

\*\*For direct billing: a direct billing account must be set up with the hotel for this to be accepted

Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_/\_\_\_ Security Code: \_\_\_\_\_

Name on the Card as Printed: \_\_\_\_\_

Authorizing Signature: \_\_\_\_\_

\*\*\*A readable photocopy of the front AND back of the credit card being used MUST be included with the information above. Without a photocopy, the guest cannot check in.