

# Hondo Executive Inn

## Hotel Credit Card Authorization

**PRINTED LETTERS**

I, \_\_\_\_\_, hereby authorize Hondo Executive Inn with a mailing address of 101 A 19th St, Hondo Texas, 78861 to charge my credit card for the following guest(s) and their hotel charges in association with:

Check-In Date \_\_\_\_\_

Check-Out Date \_\_\_\_\_

\$ \_\_\_\_\_ -Hotel Room, Tax(es), and Fee(s)

\$ \_\_\_\_\_ -Total Amount to be charged

GUEST NAME (ROOM KEY TO HAND)

\_\_\_\_\_

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**Cardholder's Credit Card Information**

Type of Card  - AMEX  - Discover  - MasterCard  - Visa

Cardholder Name \_\_\_\_\_

Credit Card Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date \_\_\_\_\_ Security Code (3 Digits) \_\_\_\_\_

Billing Address \_\_\_\_\_

By signing this form, you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

**Cardholder's Signature** \_\_\_\_\_

I authorize the above-named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one-time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

**Please attach a copy of ID and Credit Card & Fax Back**  
**Phone number- 830-426-2535 Fax number- 830-426-8202**