



Executive Inn Hondo
101 A 19th St
Hondo, Texas 78861
Ph: 830-426-2535 Fax: 830-426-8202
Email: frontdesk@hondoexecutiveinn.com

Hotel Credit Card Authorization

PRINTED LETTERS

I, _____, hereby authorize Executive Inn Hondo 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 : _____

Number Of Nights : _____

Hotel Room Rate:

1 King Bed Rate: \$ _____

Number of Rooms : _____

2 Queen Bed Rate: \$ _____

Number of Rooms : _____

Total Amount to be charged \$ _____

Guest Name (Room key to hand) : _____

Cardholder's Credit Card Information:

Type of Card: AMEX ____ Discover ____ MasterCard ____ Visa ____

Cardholder's Name : _____

Credit Card Number : _____

Expiration Date : _____ Security Code (3-4 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 : _____ Date : _____

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 kindly provide a copy of your ID and both sides of your credit card. You may send these documents via email or fax.