

CREDIT CARD AUTHORIZATION

CREDIT CARDHOLDER INFORMATION						
NAME ON CREDIT CARD						
TYPE OF CREDIT CARD		VISA	MC	AMEX	DISCOVER	OTHER
TYPE OF ACCOUNT		PERSONAL		BUSINESS		
COMPANY NAME						

ACCOUNT NUMBER					
EXPIRATION DATE					
BILLING ADDRESS					
CITY		STATE		ZIP CODE	
PHONE		EMAIL		FAX NUMBER	

AUTHORIZED USER OF CREDIT CARD					
NAME					
COMPANY					
PHONE NUMBER					
EMAIL ADDRESS					
IDENTIFICATION					
Room Booking Info		Room Type : <input type="checkbox"/> Queen <input type="checkbox"/> King <input type="checkbox"/> Double bed.			
CHECK IN DATE:		CHECK OUT DATE:		#DAYS:	
AUTHORIZED AMOUNT					

AUTHORIZATION OF CARD USE
<p>I certify that I am the authorized holder and signer of the credit card referenced above.</p> <p>I certify that all information above is complete and accurate.</p> <p>I, the undersigned, authorize Delta Motel, to charge the above referenced credit card for Room Reservation . If I do not cancel or change my reservation 48 hours prior to the date of arrival, I will be subject to a charge of applicable nightly rates, tax recovery charges and service fees.</p>

CARDHOLDER NAME			
SIGNATURE		DATE	

IMPORTANT: Please help assist us in deterring fraudulent use of credit cards. Fax this information and an enlarged and lightened copy of the FRONT and the BACK of your CREDIT CARD and DRIVER'S LICENSE to (989) 671- 0227

Thank You