



BY CHOICE HOTELS

CREDIT CARD AUTHORIZATION FORM

I, _____ authorize the Clarion Inn & Suites to utilize my
(Name of Card Holder)
credit card for payment of _____ room(s) on _____
(Name of Guest) (Arrival Date)
for ___ night(s) at the rate(s) of _____ + 13% tax for
Confirmation# _____.

Please charge my credit card for:

___ Room and Tax only _____ Room, Tax and Incidentals

My credit card is a ___ MC ___ Visa ___ AX ___ Discover ___ Diners Club

My Credit Card Number is _____

Expiration Date _____ CVV _____ (Security Code on the back of the card)

Name on the credit card _____

Credit Card Billing Address _____

Signature of Cardholder _____

In order for us to process the payment please complete this form and send it back to us with a legible copy of the front and back of the credit card along with a government issued picture ID. The name on the credit card must match the picture ID. Please fax or email to clarionmiami@pegasohotels.com