

CREDIT CARD AUTHORIZATION RELEASE FORM

Best Western – Downtown Inn & Suites  
713-571-7733 phone

**FAX BACK TO: 713-571-6680**

From: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone # \_\_\_\_\_  
\_\_\_\_\_ Fax # \_\_\_\_\_  
\_\_\_\_\_

Name on Credit Card \_\_\_\_\_  
Credit Card Type: Amx, Visa, MastCard, Dinners, Disc (Circle one)

Credit Card Number \_\_\_\_\_ Exp Date: \_\_\_\_\_

Authorize: \_\_\_\_\_ (Guest Name)  
TO CHARGE THE FOLLOWING TO MY CREDIT CARD:

- \_\_\_\_\_ ROOM & TAX ONLY
- \_\_\_\_\_ TELEPHONE CHARGES
- \_\_\_\_\_ LAUNDRY
- \_\_\_\_\_ MISC.
- \_\_\_\_\_ ALL CHARGES

From (Date) \_\_\_\_\_ To (Date) \_\_\_\_\_

I have enclosed an

ENLARGED AND LIGHTENED LIGIBLE PHOTOCOPY OF MY CREDIT  
CARD FRONT & BACK  
CARD HOLDER’S DRIVER LICENSE

I agree to be solely responsible for all said charges made by the above name individuals.  
Card Holder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please be advised, we cannot accept a copy of a credit card where the numbers are not shown clearly.*