

Hondo Regency Inn

Hotel Credit Card Authorization

PRINTED LETTERS

I, _____, hereby authorize Hondo Regency Inn with a mailing address of 401 Hwy 90 East, 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)

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- 830-426-3031 Fax number- 830-426-2637