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www.sleepinn.com/hotel/MI214

Credit Card Authorization Letter

This form will need to be filled out by the credit card owner. They will need to clearly print their credit card information (number/expiration date). They will also need to indicate what charges may be applied to their credit card (i.e. Room/Tax or Room/tax/Incidentals). They will need to fax the form, along with a photo copy of the front and back of their credit card as well as a copy of their driver's license to the fax number (616) 892-8020.

CHECK ONE () Visa () American Express () Master Card () Discover

Credit Card Number _____ Exp. Date _____ CCV _____

I, _____ with _____
(Full name as it appears on card) (Company)

Hereby authorize the Sleep Inn to charge the credit card account above for the () Room and Tax charges only (Individual to pay incidentals charges) or () All Charges

Name of Guest/Group: _____ Conf# _____

Date of Arrival: _____ Date of Departure: _____ # of Rooms: _____

I acknowledge that my liability for those charges will not be waived and that I will be held personally liable in the event that the issuing institution refuses to pay the full amount.

Card Holder's Signature: _____ Date: _____

Billing Address: _____

Telephone Numbers: (Home#) _____ (Work#) _____

(Cell#) _____ (Fax#) _____

If you would like a copy of the bill to be emailed to you, please include an email address below.