

COMFORT INN PORT HURON

1720 Hancock St. Port Huron, MI 48060
PH: (810) 987-5999/ FAX: (810) 987-5954

CREDIT CARD AUTHORIZATION FORM

Cardholder is authorizing Comfort Inn of Port Huron to process payment for Hotel Room (s), without credit card present at check-in. Cardholder is advised, this authorization allows Comfort Inn of Port Huron to process the payment manually, without using the EMV Chip Reader for a chip that may be present on the Credit Card. Cardholder accepts responsibility for payment for charges incurred.

Date(s) of reservation arrival: _____

This is to confirm that _____ is authorized to use the credit card listed below, as payment of the following:

_____ Multiple Reservations/multiple rooms _____ Single Reservation

_____ Room & Tax only (Arriving guest must provide a credit card for incidentals)

_____ All Charges (includes incidentals)

Cardholder's Name: _____

Billing Address: _____ City: _____

ST: _____ ZIP/POSTAL: _____

Phone: _____ EXT: _____

Company Name: _____

Credit Card Type: (Please Circle)
Mastercard Visa American Express Discover Diner's Club

CARD NUMBER: _____ EXP: _____

CARDHOLDERS' SIGNATURE: _____

TODAY'S DATE: _____ CVV _____

Reservation will not be paid without this form. A Copy of the cardholder's ID may be requested. If requested documents are not received, we will require a form of payment to be presented at check-in by the arriving party.

PLEASE FAX REQUESTED DOCUMENTS TO (810) 987-5954