



ATTN: _____

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CREDIT CARD AUTHORIZATION

COMPANY NAME OR GUEST NAME: _____

I _____ AUTHORIZE QUALITY INN TO CHARGE MY CREDIT CARD.

CONFIRMATION NUMBER: _____ GROUP CODE: _____

ARRIVAL DATE: _____ DEPARTURE DATE: _____

TYPE OF ROOMS:

- DD(QUEEN QUEEN) BED ROOM NUMBER OF ROOMS: _____
- SINGLE KING WITH PULL OUT SOFA BED ROOM NUMBER OF ROOMS: _____

TOTAL NUMBER OF ROOMS: _____

CREDIT CARD NUMBER: _____

EXPIRATION DATE: _____ CVV/CVC CODE: _____

NAME ON THE CARD: _____

CARDHOLDER'S ADDRESS: _____

CARDHOLDER'S PHONE: _____

ROOM AND TAX ONLY: _____ ALL CHARGES: _____

SHOULD WE USE THIS CREDIT CARD AUTHORIZATION FORM FOR ALL OF YOUR FUTURE RESERVATION? (PLEASE MENTION)

- YES
- NO

IF YOU WOULD LIKE US TO RETAIN AND APPLY THIS CREDIT CARD AUTHORIZATION TO FUTURE STAYS, PLEASE NOTE THE BEGINNING AND ENDING DATE VALID _____ THRU _____.

AUTHORIZED SIGNATURE: _____

CARDHOLDER ACKNOWLEDGE THE RESPONSIBILITY FOR NO SHOW CHARGE.

(PLEASE INCLUDE PHOTOCOPY OF BOTH SIDES OF CREDIT CARD AND PHOTO ID)

* To aid in the prevention of fraudulent credit card use, we now require the 3 or 4 digit code on the back of your credit card.