Comfort Inn Gilroy, CA
8435 San Ysidro Ave., Gilroy, CA 95020
T: (408) 848-4108 F: (408) 848-2651
E: contact@comfortinngilroy.com

Credit Card Authorization Form
Company or Credit Card Holder Information

Company Name: _____

Billing Address: _____ _____ _____ _____
(Street) (City) (State) (Zip)

Telephone: _____ Fax: _____

Reserved By: _____ Email: _____

Guest Information: (Limit 4 Individuals / Rooms per Sheet.)

Guest Name:	Arrival Date:	Departure Date:

Please Indicate the Charges to be Covered:

_____ All Charges to Room _____ Room and Tax Only
_____ One King Bed _____ Two Queen Beds
_____ Copy, Fax, Shipping _____ Long Distance Telephone

Credit Card and Photo ID Copy Required

Please accept this letter as authorization to bill the credit card below, for the above listed charges:

Credit Card Number:	Type of Card	Exp. Date:	CVV

I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person(s) or company fail to pay for any part of the full amount of these charges. I agree that if an attorney is retained to collect these charges, I will pay all reasonable attorney and court fees and cost incurred.

_____ | _____
Printed Name on Account: Authorized Signature: