



1208 WALNUT STREET
 PHILADELPHIA, PA 19107
 PH# 215-546-7000 FAX# 215-546-7573
 EMAIL : brian@rodewayinncc.com

CREDIT CARD AUTHORIZATION FORM

****Credit Card Authorization must be submitted in 24 hours advance by email or fax. If reservation is for a check in today a faxed copy of this form may be rejected. You can send to the email above and there is a 6 hour turnaround time****

****Credit Card Authorizations are never taken at Check In****

****Valid ID required at Check In and must be 21 years of age or older****

ATTN: _____

FAX: _____

FAX DATE _____

PH: _____

NAME OF GUEST _____

CONFIRMATION # _____

DATE OF ARRIVAL _____

TYPE OF ROOM _____ SINGLE _____ DOUBLE _____

ADDRESS OF GUEST / COMPANY

_____ ZIP CODE _____

THE INFORMATION OF THE CREDIT CARD BELOW IS THE CARD THAT WILL BE USED FOR CHARGES
 Please select one of the following options:

TYPE OF CARD: VISA \ MASTERCARD \ AMERICAN EXPRESS \ DINER CLUB \ DISCOVER

ROOM & TAX ONLY YES OR NO ALL OTHER CHARGES (ROOM SERVICE & TELEPHONE) YES OR NO

Office Approval:

Date of Check In __/__/__ Date CC auth received __/__/__ Copy of Credit Card to be used Y N

Copy of ID Readable Y N Approved Y N (Emp Initials) _____ Date __/__/__

Folio Updated _____ (Emp Initials)

CREDIT CARD # _____ EXP.DATE _____ SECURITY CODE _____

NAME ON THE CARD AS PRINTED: _____

***** A READABLE PHOTOCOPY OF THE FRONT AND BACK OF THE CREDIT CARD BEING USED AS WELL AT THE ID OF THE PERSON NAMED ON CREDIT CARD. MUST BE INCLUDED WITH THE INFORMATION ABOVE. WITHOUT A PHOTOCOPY, THE GUEST CANNOT CHECK IN*****

Your reservation has been guaranteed by CREDIT CARD. If you need to cancel this reservation, you must do so by 3 PM local hotel time, 48 hours before the date of arrival to avoid a cancellation penalty. Please note your reservation will be charged for its entirety 48 hours prior to arrival and non-refundable at that point. In the event of a no show you agree to pay the reservation in full.

You agree that an early check out does not warrant a refund.

This is a non smoking hotel. If there is any evidence that the guest has smoke you will be responsible for a smoking fee of \$500.00.

Guest must be 21 years of age to check in to the hotel. In the event guest is not 21 and cannot check in no refund is warranted.

You agree not to contest charges. By authorizing below you agree to all of the terms of this credit card authorization in full without exception.

AUTHORIZING SIGNATURE: _____ Date ___ / ___ / ___

Office Approval:

Date of Check In ___ / ___ / ___ Date CC auth received ___ / ___ / ___ Copy of Credit Card to be used Y N

Copy of ID Readable Y N Approved Y N (Emp Initials) _____ Date ___ / ___ / ___

Folio Updated _____ (Emp Initials)