



1208 WALNUT STREET
 PHILADELPHIA, PA 19107
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 EMAIL : brian@rodewayinncc.com

CREDIT CARD AUTHORIZATION FORM

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 ___ No ___

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. MUST BE INCLUDED WITH THE INFORMATION ABOVE. WITHOUT A PHOTOCOPY, THE GUEST CANNOT CHECK IN!**

Our cancellation policy is as follows:

All reservations must be cancelled 48 hours prior to the arrival date by 3:00pm. If you wish to cancel your reservation, you may do so up until 48 hours before arrival with no charge. After the cancellation deadline all reservations will be charged for the entire stay plus tax. If you do not arrive and if the guaranteed reservation is not cancelled, you will be charged for that night's room rate and all taxes.

In addition, if your reservation is for more than a one night stay the remaining balance will be refunded back to your card.

AUTHORIZING SIGNATURE: _____