

**SUPERLODGE
129 ROUTE 28
KINGSTON, NY-12401
Phone: (845) 338-4200 Fax: (845) 339-3044**

CREDIT CARD AUTHORIZATION FORM

I, _____, Authorize SUPERLODGE, Kingston, NY to
Allow _____ to use the following Credit Card Account
Listed below to cover charges listed, pertaining to the guest(s) mentioned above.

Credit Card No: _____
Expiration Date: _____
Name of Credit Card: _____
Phone # of card holder: _____
Guest(s) Name(s): _____

Arrival/Departure Date: _____

Charges Allowed to Credit Card:

All charges: _____ (Room Charges, Tax, Phone, Fax, Food ect.)
Room & Tax Only: _____ Other: (Specify): _____
Authorized Signature: _____
Date: _____

Note: Please send a legible copy of the front and back of the credit card.

A copy of the bill will be given to your associate(s) upon check out. Please make sure to get the receipt from the associate(s). As we will not be able to fax or mail copies of the bill to you upon check out.

The credit card companies are very strict with their regulations; therefore we need to be as well, In order to ensure protection for the cardholder as well as their Associate(s) and ourselves.

Thank you.

SUPERLODGE & MANAGEMENT