

# CREDIT OR DEBIT CARD AUTHORIZATION FORM

## BUDGET INN & SUITES

2115 CHARITY STREET

ABBEVILLE, LA 70510.

Phone (337) 898-9770 Fax (337) ~~326-5132~~ <sup>422-4699</sup>

GUEST NAME: \_\_\_\_\_

After 11:30 AM Check In Date: \_\_\_\_\_

Before 11:00 AM Check Out Date: \_\_\_\_\_

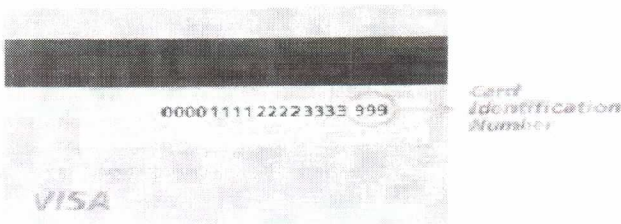
ROOMS: One Bed \_\_\_\_\_, Two Bed \_\_\_\_\_, Three Bed \_\_\_\_\_,

Credit Card Type: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Credit Card Expiration Date: \_\_\_\_\_ / \_\_\_\_\_

Card Identification Number (last 3 digits located on the back of the credit card): \_\_\_\_\_



Credit Card Billing Address: \_\_\_\_\_  
\_\_\_\_\_

Credit Card Billing Zip Code: \_\_\_\_\_

**By My Signature I Herby Authorize (Check Appropriate)**

\_\_\_\_\_ **All Charges Incurred By Guest During The Term Of Their Stay  
(Including Room, Tax, And All Incidentals)**

\_\_\_\_\_ **Room And Tax Only For The Term Of Their Stay**

Cardholder Name (Please Print) : \_\_\_\_\_

Signature: \_\_\_\_\_

### NOTE:

Please Include Copy Of The Front And Back Of The Card And A Photocopy Of the  
Cardholder's Driver License Long With This Document And Fax It To (337) ~~326-5132~~

<sup>422-4699</sup>