



AN IHG® HOTEL

CREDIT CARD AUTHORIZATION

Holiday Inn Express & Suites
2102 South C. Street, Tacoma, WA 98402
T: 253.272.2434 F: 253.272.2764

This letter constitutes a written authorization to use my credit card, under the name (as imprinted on card), _____, to be used as I have indicated below. In the event when the length of stay may be extended, I understand it is my responsibility to inform hotel and will be responsible for additional charges. **FULL PAYMENT** For payment of services rendered by the Holiday Inn Express Hotel & Suites – Tacoma Downtown to be charged to the credit card upon guest’s departure.

Please indicate below which of the following will be authorized for payment on the credit card:

- Room and Tax Only
- Meeting Room Rental / Banquet Events
- All Charges including Incidentals
- Convenience Store
- Parking fee

Room Rate: _____ Tax: 13.5% TPA Assessment \$1.50 per night

Estimated total charges to the credit card: \$_____ USD

Guest’s Name: _____ Confirmation #: _____

Arrival Date: _____ Departure Date: _____

The credit card holder accepts responsibility due to damages to hotel by registered guest. Credit card holder acknowledges and accepts that there will be a minimum charge of **\$250.00** to this credit card for any smoking in hotel rooms and public space that are designated as non-smoking and or any applicable damage charges.

X _____

Authorized Signature of Cardholder

Today’s Date

CREDIT CARD HOLDER INFORMATION:

Name: _____ Company: _____

Address: _____

Telephone: _____ Fax: _____

Email: _____

Card Number: _____ EXP Date _____