



DAYS INN OF OGDEN
3306 Washington Blvd
Ogden, UT 84401
Tel : (801) 399 5671
Fax : (801) 621 0321

CREDIT CARD AUTHORIZATION FORM

I, _____, authorize the *DAYS INN of OGDEN* to charge my credit card account number given below, for the amount of \$_____ (Room rate of _____ + TAX per night) for Mr/Mrs _____ to arrive on _____ and stay for _____ nights at your establishment. The confirmation number for this reservation is _____.

I also AGREE / DO NOT AGREE (CIRCLE ONE) to additionally pay for any phone charges , incidentals, or any other charges incurred by the above named hotel guest during his / her stay at your hotel.

Type of credit card: VISA, MASTER CARD, AMEX, DISCOVER (CIRCLE ONE)

Credit Card Number _____ Ex. _____ / _____

Cardholder's Name _____ CVV _____

Credit Card Billing Address _____

Cardholder's Phone Number _____

Cardholder's Driver License Number _____

I attest the above information to be true and binding:

(Cardholder's Signature)

_____ (Date)

NOTE: Please fax us a copy of your DRIVERS LICENCE and the **FRONT** and **BACK** side of the CREDIT CARD listed above, along with this form completely filled out.