

Days Inn Credit Card Fax Authorization Form

I, _____ give authorization to the Days Inn Hotel located in Cocoa Beach, Florida to charge my credit card to pay for: (Check all that apply)

- Room & Tax Charges Only
- Incidental Charges Only. And or specific amount of \$_____.
- Room, Tax & Incidental Charges

Credit Card Holder Information:

Name as it appears on credit card:	
Credit Card Account Number:	
Expiration on Card	
The Billing address for this card: include Address City, State, Zip code	
Telephone number(s) for billing address:	
Guest Name:	
Reservation Confirmation Number:	
Date of Arrival:	
Date of Departure:	
Signature of Credit Card Holder:	
Date Signed:	

Additionally:

- You must provide a legible copy of the credit card being used (front and back) and copy of your driver's license (front and back).
- A fax photocopy of this authorization shall be as valid as the original.
- Guests using this authorization form must present proper photo identification upon check-in.

Please complete all of the instructions and requested information on this form and return via fax at the following number: 321.868.7124. If you have any questions regarding this form please call the Days Inn Hotel at 321.784.2550