



BY CHOICE HOTELS

Quality Inn & Suites Hollywood Boulevard
4900 Hollywood Blvd, Hollywood, FL 33021
Phone: (954) 981-1800 Fax (954) 961-6628
<http://www.qualityhollywood.com/>

Credit Card Authorization (Please Print)

Date: ____/____/____

Attn: Quality Inn & Suites

This is to confirm that _____ is authorized to use my credit card for payment or prepayment of their charges while staying at the Quality Inn & Suites Hollywood Boulevard 4900 Hollywood Blvd, Hollywood, FL 33021

Relation to this person _____ Cell# _____

Confirmation# _____

Date of Arrival: ____/____/____ Date of Departure: ____/____/____

Credit Card #: _____ Exp. Date: ____/____/____ CC# _____

Full Name of Credit Card Holder _____

Billing Address of Credit Card Holder: _____

City _____ State: _____ Zip: _____

Driver license# _____ DOB ____/____/____

Credit Card holder Phone #: _____ Cell Phone #: _____

Notes or Instruction:

I understand that I am personally responsible for all charges incurred on this account/folio during their stay and agree to pay the total charge amount according to the card issuer agreement. . > Debit Cards: Should you choose to use your debit card to guarantee your hotel charges, a hold will be placed on your funds in the amount of room and tax for each night plus 10%. Failure to cancel a reservation 48 hours prior to date of arrival and No show will be charged at least 1 night room & tax.

Card Holders Signature: _____

Must please supply photo copy of front and back of Credit Card & Driver License!