

CREDIT CARD FAX AUTHORIZATION The Sofia Hotel Ph: 619-234-9200 Fax: 619-544-9879

I, _____, give authorization to The Sofia Hotel, located at One - Fifty West Broadway, San Diego, CA 92101, to charge my credit card to pay for:

_____ Room and tax charges ONLY @ \$_____ per night plus 12.5% TOT, 2.89% HPA, 2% & \$0.09 TMD

_____ Guest Service Fee of \$8.75 plus tax per night per room total of \$9.85

_____ ALL charges (Room, Tax & Incidentals)

_____ 1st night's deposit ONLY

_____ Parking \$_____ per night

____Other:_____

Name as it appears on credit card:			
Card Number: VI/MC/DIS/DC/AMEX			
Expiration Date:			
Security code: (located on the back of the credit card)			
The billing address for card:			
	City:	State:	Zip:
Telephone Number at billing:			
Guest Name:			
Reservation Number:			
Date of Arrival:	Number of Nights:		

A legible copy of the front and back of the card is required to accompany this form, along with a copy of a state issued ID card or driver's license.

The information contained herein is strictly confidential and shall be used for the sole purpose of obtaining payment for the above reservation. A fax copy of this authorization shall be as valid as the original.

FAX THIS FORM TO: 619-234-1860

Guest using this authorization must present proper photo ID upon check-in.

Signature of credit card holder:		
Date:		