



**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.