



AN IHG® HOTEL

Credit Card Authorization Release Form

To: Holiday Inn Express Hotel & Suites
Address: 17035 Condit Road
Morgan Hill, CA 95037
Phone: 408-776-7676
Fax: 408-776-1577
Email: reservations@hiemorganhill.com

From: _____
Address: _____
Phone: _____
Fax: _____
Email: _____

Name on Credit Card: _____
Credit Card Type: _____
Credit Card Number: _____
Expiration Date: _____

I HAVE AUTHORIZED: _____
_____ to book rooms _____ to use rooms _____

To Charge the Following to My Credit Card:
_____ Room and Tax Only
_____ Telephone Charges
_____ All Charges
_____ Meeting Room Charges
_____ Meeting A/V and Food

From _____ To _____
Date Date

I have enclosed a copy of my credit card, front and back and government approved photo identification. I agree to be solely responsible for all said charges made by the above named individuals.

CardholderSignature _____ Date _____