



Indio Super 8 & Suites
 81-753 Hwy 111, Indio CA 92201
 P: 760-342-0264 F: 760-342-6999
 Email: info@indiosuper8.com
Credit Card Authorization

In Lieu of my Credit Card imprint, I _____ authorize
Indio Super 8 & Suites to charge my following Credit Card.

**NOTE: Please attach a copy of the front and back of your credit card and
 drivers license (required)**

Amex / Visa / Master / Discover
 (Circle the appropriate Card type)

Credit Card Number: _____ Expiry Date (MM/YY) ____ / ____

CVV Code _____ (Amex- 4 digits / others- 3 digits).

Card Issuing Bank Name _____ Phone Number ____ - ____ - ____

Card Holders Name: _____

Street Address: _____

City, State, Zip Code: _____

Phone Number: _____ Fax Number: _____ Email: _____

Employee or Guest Name (occupying room): _____

Arrival Date: _____ Departure Date: _____

Number of Rooms: One Bed ____ Two Beds ____

Select one: (required)

I only authorize to cover Only Room & Tax (not incidental deposit) _____

I authorize to cover Room+Tax + Incidental Deposit _____

**I also authorize Indio Super 8 & Suites to keep the above Credit Card information on file for
 the room rate and any incidental charges for the entire stay listed on this authorization.**

Cardholder Signature X _____ Date: ____ / ____ / ____

Email: info@indiosuper8.com