



Indio Super 8 & Suites  
 81-753 Hwy 111, Indio CA 92201  
 P: 760-342-0264 F: 760-342-6999  
 Email: [info@indiosuper8.com](mailto: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)**

**Circle the appropriate Card type:** Amex / Visa / Master / Discover

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 /Guest Name (occupying room): \_\_\_\_\_

**Arrival Date:** \_\_\_\_\_ **Departure Date:** \_\_\_\_\_

Number of Rooms: \_\_\_\_\_ Room Type: One Bed \_\_\_\_ Two Beds \_\_\_\_\_

**Select one: (X required)**

I Authorize to cover Only Room & Tax (Guest Staying covers incidental deposit \$250) \_\_\_\_\_

I Authorize to Cover only \$250 Incidental Deposit \_\_\_\_\_

I Authorize to cover All Charges Room, Tax & \$250 Incidental Deposit \_\_\_\_\_

**I Knowledge the above information is Correct and I authorize Indio Super 8 & Suites to Charge my Credit/Debit Card for Charges.**

Cardholder Signature X \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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