

Credit Card Authorization Form
Americas Best Value Inn – Sacramento, Ca, 95814 Telephone# (916)444-3670 Fax (916)231-0643
Email-Sacramentoabvi@yahoo.com

Individual/Reservation/Group or Event Name: _____
Reservation Confirmation Number(s): _____
Arrival/Event Date(s): _____
Credit Card Billing Address: _____
City/State/Zip: _____
Contact Phone Number: _____

I hereby authorize the following charges to be applies to the following credit card.

Circle all that apply:

Room and Tax	Only Specified Incidentals	All Incidentals
All Amenity Fee(s)	Gift Certificate (\$_____)	All Banquet Charges
Parking	Food and Beverage	Room only Amenities

Other: _____

I hereby authorize the following amount to be applies to the credit card ((applicable sales tax and service charges may apply)): \$ _____

Additional Comments: _____

The credit card listed below may be billed for the estimated charges ten (10) days prior to the event/reservation date.

- Credit Card Number: _____
- Expiration Date: _____
- Name on Card: _____
- Phone Number: _____

Signature of Cardholder: _____ Date: _____

Please fax this completed form to: _____

Property Address:
Property Phone:
Property Email:



