TRUMAN INN&SUITES ECONOLODGE

CREDIT CARD AUTHORIZATION FORM

To,
Dear Valued Customer,

Please sign this form to authorize us to secure your room for advance payment by credit card during your stay for following reservation and fax it to 660-826-1230 or mailing to this address TRUMAN INN&SUITES / ECONOLODGE, 3501 W Broadway Sedalia , MO 65301. If you have any question please feel free to give us call @ 660-826-8400 OR Email Us trumaninn@gmail.com

FAMILY NAME _____ FIRST NAME _____ CONF # _____

ARRIVAL DATE _____ DEPARTURE DATE _____

ST- ADDRESS _____

CITY _____ STATE _____ ZIP _____

TEL _____ FAX _____

☐ I authorize Truman Inn & Suites to charge my credit card as indicated below and I agree to be bound by the Truman Inn & Suites cancellation, postponement, and refund policies as outlined on the Truman Inn & Suites Credit Card Authorization Form.

TYPE OF CARD:

☐ VISA ☐ AX ☐ MC ☐ DINER'S CLUB ☐ DISC

CARD # _____ EXP DATE _____ SECURITY CODE _____

PRINT NAME ON CARD _____

SIGN _____

GUEST NAME (1) _____ (2) _____ (3) _____

(4) _____ (5) _____ (6) _____

(7) _____ (8) _____ (9) _____

(10) _____ (11) _____ (12) _____

PHOTO COPY OF CREDIT CARD

PHOTO COPY ID OR DRIVER LIC,

Note:- You can attach a photocopy of credit card and drivers license with this form and email or fax to Truman Inn & Suites

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