



"Give Your Hotel or Motel a Global Presence on the GDS and IDS"

Credit Card Payment Authorization Form

Hotel Name: _____

Name on Card: _____

Credit Card Number: _____

Expiration Date: _____

Visa MasterCard American Express Discover (Circle one)

Amount to Pay:

Signature:

X

Please fax this form to 386-597-2986 and include the original invoice or statement.

Please Circle One:

One Time Payment

Enroll in Autopay for monthly charges