

**COMFORT SUITES UCF CREDIT CARD AUTHORIZATION FORM**

Please complete the following information and return to:  
Comfort Suites UCF/Research Park  
**Fax: 407-737-7304**  
Email: LHoffman@PRMHotels.com  
Website: [www.comfortsuites.com/hotel/fl061](http://www.comfortsuites.com/hotel/fl061)

Name as it appears on the credit card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Type of Credit Card: \_\_\_\_\_

CID# (the last 3 or 4 digits following the card number usually on the back of the card): \_\_\_\_\_

Credit Card Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Phone number: \_\_\_\_\_ Fax or Email: \_\_\_\_\_

You are authorizing and giving permission to the person/persons listed below to use this credit card for lodging room and tax only:

Name/Names: \_\_\_\_\_

Number of persons in each room: \_\_\_\_\_ Number of nights staying at the hotel: \_\_\_\_\_

Number of rooms reserved: \_\_\_\_\_

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

Please initial here if authorizing miscellaneous charges such as phone calls: \_\_\_\_\_

PLEASE SUBMIT A PHOTOCOPY OF THE FRONT AND BACK OF THE CREDIT CARD AS WELL AS A PHOTO ID THAT MATCHES THE CARD BEARER'S NAME.

PRINT NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

PLEASE FAX OR SCAN BACK TO THE COMFORT SUITES. FAX TO 407-737-7304 OR EMAIL LHoffman@premierresortsdbs.com