



## DAYS INN & SUITES – ANTIOCH, CA

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### CREDIT CARD AUTHORIZATION FORM

Cardholder Name (as it appears on card): \_\_\_\_\_

Cardholder Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cardholder Company Name: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_



Credit Card No.: \_\_\_\_\_ Expiration: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ CCV: \_\_\_\_\_

#### **AUTHORIZATION FOR SPECIFIC CHARGES ONLY (Please Initial Below):**

\_\_\_\_\_ Room & Tax only

\_\_\_\_\_ Room, Tax & Security Deposit

\_\_\_\_\_ All Charges

Check In Date: \_\_\_/\_\_\_/\_\_\_

Check Out Date: \_\_\_/\_\_\_/\_\_\_

No. of Nights: \_\_\_\_\_

No. of Guest: \_\_\_\_\_

No. of Room: \_\_\_\_\_

Room Type: \_\_\_\_\_

Confirmation No.: \_\_\_\_\_ Wyndham Rewards No.: \_\_\_\_\_ (if applicable)

Guest Name: \_\_\_\_\_ Guest Phone No.: \_\_\_\_\_ (if different than Cardholder)

Note: Before a guest can check-in, a security deposit must be provided by or for the guest.

\_\_\_\_\_  
The above named (cardholder) agrees, by their signature below, that Days Inn & Suites- Antioch is authorized to charge the specified (as indicated above) to the Cardholder's credit card identified above and below, as incurred by:

Total Charges: \_\_\_\_\_

Total amount not to exceed: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please fill out all above information and send us back via Email or Fax along with copy of State Issued Photo ID and Front and back of Credit Card.

***Thank you for Choosing Days Inn & Suites Antioch!***