



Dear Sir/Madam,

This form has been created in order to allow you to have third party expenses charged to your credit card. Please provide all the information requested below to ensure prompt processing of your application. We ask you to please sign and date the form before submission. Please fax the completed form and front and back copies of the credit card being used to **{Fairfield Inn}** at **{302-292-8655**.

Cardholder Informa	tion															
Name as it appears or	the o	credit ca	rd:													
Card type:		Visa		MC		Amex		D	iners/Cl	в	Disc	over		JCB		
Account type:		Indivi	idual (personal	credi	it card)				_						
		Corpo	orate	Compa	any N	ame:										
Account number:											Exp.					
Address: (where statement is mailed)																
City, State and Zip:												200				
Phone number:				- 2			Fax or	r alter	rnate nu	mber:						
Email Address Guest Information																
Guest name:					ns. In		- 40 17 20									
Company:																
Phone number:							Fax or	r alter	rnate nu	mber:						
Confirmation number	:							2 200 0								
Arrival date:	rrival date:			Departure date:												
Relation to cardholde	r:	☐ Re	lative		Fr	iend		Busi	ness As	sociate		Other:				
Rate Information an	d Ap	proved	Charg	es												
Room rate:* *(Rate and tax amoun	t mus					Total da resentati							ts: _			
☐ All Charges		Room &	z Tax		Tel	ephone (LD)		Telepl	hone (L	ocal)		Resta	urant		
■ Room Service		Valet (L	aundr	y) 🗆	Par	king			HS In	ternet A	ccess		Movi	es		
Other:																
I certify that all information payment for all charge processing a charge to stay/event. I understathat I am the authorized	es as in the cond the	indicated credit ca at a new	l in the rd liste form	e Rate In ed above will hav	formatic. Character to be	ation and rges mus e comple	Appro	oved xceed	Charge:	s sectio	n of thi	is form for the	by entire	;		
Cardholder name: (Pri	nted)															
Cardholder signature:										Date:						