

*Credit Card Authorization Form*

---

Kozy Inn

3910 S. High St.

Columbus, Ohio 43207

P. No (614) 409-1373

Fax (614) 409-1643

Dear Sir/Madam,

*This form has been created in order you to allow you to 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 form before submission. Please fax the completed form to Kozy inn Columbus south at (614) 409-1643.*

**Cardholder Information**

---

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

Card Type:    *Visa    MasterCard    Amex    Diners club    Discover    Individual (Personal Credit Card)*

Corporate Company Name: \_\_\_\_\_

Account Number: \_\_\_\_\_ Exp. Date \_\_\_\_\_

Address: \_\_\_\_\_

*(Where statement is mailed)*

City, State And Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax or Alternate Number \_\_\_\_\_

**Guest Information**

Guest Name: \_\_\_\_\_

Company: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax or Alternate Number \_\_\_\_\_

Conformation Number: \_\_\_\_\_

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

Relation to Cardholder

Relative      Friend      Business Associate      Other: \_\_\_\_\_

**Rate Information and Approved Charges**

Room rate\*: \_\_\_\_\_ Taxes\*: \_\_\_\_\_ Total Daily rate\*: \_\_\_\_\_ Number of Nights \_\_\_\_\_

\*(State of Ohio Room tax amount is 16.75% Rate will be provided by GSR at time of reservation)

All Charges    Room & Tax    Telephone(LD)

Other: \_\_\_\_\_

I certify that all information is complete and accurate. I hereby authorize **Kozy Inn Columbus, South** to collect payment for all charges as indicated in the **Rate Information and approved charges** section of this form by processing a charge to the credit card listed above. Charges must not exceed \$ \_\_\_\_\_ for the entire stay/event. I understand that a new form will have to be completed if quest wishes to his/her stay. I certify that I am the authorized signer of the credit card listed above.

Cardholder Name (Print): \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\*Please include a physical copy of the credit card both front and back and include it with this complete form\*\*\***