

Comfort Suites  
6715 Financial Circle  
Shreveport, La 71129  
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www.comfortsuitesshreveport.com

**Credit Card Authorization Form**

Date of this Application \_\_\_\_\_  
Date(s) of Reservation \_\_\_\_\_  
Confirmation # \_\_\_\_\_  
Name on Reservation \_\_\_\_\_  
Name of Cardholder \_\_\_\_\_  
Cardholder Address \_\_\_\_\_  
Cardholder Telephone \_\_\_\_\_  
Cardholder Email \_\_\_\_\_  
Authorized Card User \_\_\_\_\_  
Credit Card Type VISA MC AMEX DISCOVER  
Credit Card Number \_\_\_\_\_  
Credit Card Expiration \_\_\_\_\_ CID# \_\_\_\_\_  
Credit Card Covers: Room & Tax Long Distance Incidentals  
Other: \_\_\_\_\_

I authorize the use of my credit card for the items, dates, and persons as listed above.

Signature of Cardholder \_\_\_\_\_

This application is for Comfort Suites use only. The credit card above will be charged for charges incurred by the guest(s) on the specified dates. If any changes are made to the reservation, a new form will need to be submitted. If you have several reservation dates and different guests, you will need to fill out a form for each stay and each guest, or you may consider setting up a Direct Bill Account with Comfort Suites.

**\*Attach a copy of credit card and copy of drivers license\***