

Mystic River Hotel & Suites®, 9 Whitehall Avenue, Mystic, CT 06355
Email: fdm@mysticriverhotelandsuites.com Fax: 860-739-3517 Tel: 860-980-3160
CREDIT CARD AUTHORIZATION

CREDIT CARDHOLDER INFORMATION					
NAME ON CREDIT CARD					
TYPE OF CREDIT CARD	VISA	MC	AMEX	DISCOVER	OTHER
TYPE OF ACCOUNT	PERSONAL		BUSINESS		
COMPANY NAME					

CC ACCOUNT NUMBER					
EXPIRATION DATE	SECURITY –V CODE-LAST 3 DIGIT				
BILLING ADDRESS					
CITY	STATE		ZIP CODE		
PHONE	EMAIL		FAX NUMBER		

AUTHORIZED USER OF CREDIT CARD					
GUEST NAME					
COMPANY					
PHONE NUMBER					
EMAIL ADDRESS					
IDENTIFICATION					
RELATION TO CC-OWNER	HOW MANY ROOMS?				
TYPE OF CHARGES	ROOM & TAX	INCIDENTAL			
AUTHORIZED AMOUNT					
CHECK-IN DATE:	CHECK-OUT DATE:				

AUTHORIZATION OF CARD USE
<p>I certify that I am the authorized holder and signer of the credit card referenced above.</p> <p>I certify that all information above is complete and accurate.</p> <p>I hereby authorize collection of payment for all charges as indicated above. Charges may not exceed the amount listed above in the "AUTHORIZED AMOUNT" field. I understand this is only for up to this amount during the time period of "DATES OF CHARGES" referenced above. If additional charges are going to be authorized a new form will have to be completed.</p> <p>I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.</p>

CARDHOLDER NAME			
SIGNATURE	DATE		

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Please insert credit card front & Back and Driving License: