



548 Chaffee Point Blvd. • Jacksonville, FL 32221  
Phone (904) 783-8277 • Fax (904) 693-2480

### Authorization for Third Party Billing

This document will serve as writer authorization for a company and/or individual or pay for a guest and/or group's charges for their stay at the Hampton Inn I-10 West Jacksonville. We will keep this authorization on file for one year. Please provide the following information.

#### Cardholder Information:

Cardholders Name: \_\_\_\_\_  
(as it appears on the card)

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

#### Card Information:

Credit Card Type: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

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

\*This signature is authorizing use of the above listed credit card.

#### Guest/Group Information:

Person(s) authorized to use card: \_\_\_\_\_  
\_\_\_\_\_

Group Name: \_\_\_\_\_

Dates of Stay: \_\_\_\_\_

Confirmation Number(s): \_\_\_\_\_

#### Cardholder agrees to pay for the following:

All Charges \_\_\_\_\_ Room & Tax Only \_\_\_\_\_ Movies \_\_\_\_\_ Local Calls \_\_\_\_\_  
Long Distance Calls \_\_\_\_\_ Meeting Rooms \_\_\_\_\_ A/V Rental \_\_\_\_\_ Misc. \_\_\_\_\_

- A clean, legible copy of the front and back of the credit card (which must be signed by the cardholder), must be sent back with this authorization form in order to process this request. A copy of the cardholder's Drivers License must also be attached.
- If at any time changes need to be made to this agreement, the Hampton Inn must receive written notification from the cardholder at least 72 hours prior to the effective date of change.