

Credit Card Authorization



**Best Western
Celebration Inn**

724 Madison Street
(931) 684-2378 Fax (931) 685-4936
Service@BWCelebrationInn.com

This form is to be used as an authorization of payment by the physical cardholder for charges made by the named guest(s) below. This form must be received **prior** to check-in. No guest without adequate authorization will be checked into any room of the Best Western Celebration Inn & Suites. Please complete in full, and return with a readable photocopy of the Front & Back of the physical Credit Card along with a readable copy of the Front of a State Issued Identification showing the cardholders signature. Return via Fax to **(931) 685-4936**; please document any confirmation number(s) should they apply.

I, the undersigned, authorize the Best Western Celebration Inn & Suites, located at 724 Madison Street, Shelbyville, TN 37160, to charge my credit card for the charges occurred using the below information:

Card Information

Card Type (Circle One): Visa MasterCard American Express Discover Diner's Club

Card Number: _____ Expiration Date: ____/____ (MM/YY)

Security Code: _____ (This number is a 3 digit code on MasterCard/Visa located on the reverse of the card on the end of the signature line, on American Express it is a 4 digit code printed on the front of the card)

Name as appears on the card: _____

Billing Address for this card: _____

City: _____ State: _____ Zip: _____

Phone Number (_____) _____ - _____ Extension: _____ Fax (_____) _____ - _____

Signature of Cardholder or Authorized Person(s): _____

Today's Date: _____

Guest Information

Guest(s) Name: _____

Arrival Date: _____ Departure Date: _____

Confirmation Number: _____

Authorized charges for (Check all that apply):

- Room & Tax
- Long Distance Charges
- Fax Charges
- Other _____

Please return fax to (931) 685-4936 once complete along with a copy of the Front & Back of the Credit Card and a Photo ID. A Faxed photocopy of this form shall be valid as the original.