

Super 8 Wenatchee
1401 N MILLER ST WENATCHEE, WA 98801
Phone (509) 662-3443 Fax (509) 665-0715

Credit Card Payment Authorization Form

Sign and complete this form to authorize Super 8 Wenatchee to make a one-time debit to your credit card listed below unless stated below.

By signing this form, you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a transaction of only room, tax and other room related charges. This does not provide authorization for any additional unrelated debits or credits to your account.

Please complete the information below:

I _____ authorize Super 8 Wenatchee to charge my credit card for room and tax unless otherwise specified below.

This authorization only applies for the following date(s) _____ Departure _____ or

Authorize until I give consent to stop account. ☐ Yes ☐ No

For the following individual(s)

Billing Address _____

Phone# _____

City, State, Zip _____

Email _____

Account Type: ☐ Visa ☐ MasterCard ☐ AMEX

Cardholder Name _____

Account Number _____

Expiration Date _____

Security Code _____

SIGNATURE _____

DATE _____

I authorize Super 8 Wenatchee to charge the credit card indicated in this authorization form according to the terms outlined above and any room damages that occur during the guest stay. This payment authorization is for the goods/services described above, and is valid for one time use only unless stated above. Account may not be terminated with a remaining balance. 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.

