



Welcome to the end of the day.™

## Credit Card Authorization Form

The attached document is our Credit Card Authorization form, and below are instructions to completing the form:

1. We ask that you fill in all the blanks on the Credit Card Authorization form. Each blank is imperative in the processing of the payment.
2. Please provide your contact information, where you can be reached (i.e. telephone number and/or email address), in the event that the AmericInn of Traverse City cannot process the payment.
3. Please be sure to specify the charges that you would like charged on the given credit card.
4. Please remember to send a legible copy of the credit card, both the front and back of the credit card. We ask that both, the account number and credit card signature, be clear.
5. Once you have filled out the below form, please submit the form and the copy of the credit card to fax number 231-938-0262, the AmericInn of Traverse City Front Desk.
6. In order to process the payment to the credit card, please submit your paperwork within forty-eight (48) hours of the guest's arrival date.
7. In the event that the AmericInn of Traverse City cannot process the payment, and the point of contact on the below form cannot be contacted, your hotel guest will be charged upon arrival.

If you should have any questions, you may contact our staff at 231-938-0288 or 1-800-441-1903.

Thank you for choosing the AmericInn of Traverse City for your travel needs.

Nick Trahair, CLM  
General Manager

AmericInn of Traverse City, Michigan  
1614 US Highway 31 North • Traverse City • MI 49686

Phone (231) 938-0288 • Fax (231) 938-0262  
Reservations: 800-441-1903 • americinnTC.com



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## Authorization to Charge Credit Card Complete Form & fax back to 231-938-0262

Guest Name: \_\_\_\_\_

Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_

Point of Contact's Telephone Number: \_\_\_\_\_

Point of Contact's E-Mail Address: \_\_\_\_\_

Name of Card Holder: \_\_\_\_\_

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

Credit Card Type: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_

### Billing Information

All Charges       Room & Tax Only  
 Telephone Charges       Meeting/Conference Facilities  
 Other: \_\_\_\_\_

I authorize the AmericInn of Traverse City, MI to bill the above charges to my credit card.

Card Holder's Signature: \_\_\_\_\_

**\*\*\*Please include a LEGIBLE photocopy of the front & back of the Credit Card\*\*\***

**\*\*\*Include a copy of valid State ID such as a driver's license\*\*\***

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