



200 Brown Street, West Lafayette, IN 47906

Phone: (765) 743-9661 Fax: (765) 743-8253

Email: Manager@CampusInnAtPurdue.com

## Credit Card Authorization

In lieu of my credit card imprint, I \_\_\_\_\_  
 here by authorize Campus Inn, 200 Brown Street, West Lafayette, IN- 47906 to charge my credit card in the  
 Amount of \$ \_\_\_\_\_. \_\_\_\_ for the room charge and taxes in behalf of  
 Mr./Mrs./Miss \_\_\_\_\_ to stay from check-in  
 date \_\_\_ / \_\_\_ / \_\_\_\_\_ (MM/DD/YYYY) to check-out date \_\_\_ / \_\_\_ / \_\_\_\_\_ (MM/DD/YYYY)  
 on the Credit Card Number: \_\_\_\_\_- \_\_\_\_\_- \_\_\_\_\_- \_\_\_\_\_ with expiration date: \_\_\_ / \_\_\_  
 \_\_\_ (MM/YYYY) & security code from the back of the credit card is \_\_\_\_\_. I here by authorize to charge  
 Security deposit \$ 150.00 and or any incidental charges related to this rental agreement Yes \_\_\_ No \_\_\_ on the  
 same credit card.

Print credit card holder's name as appears: \_\_\_\_\_.

### Credit Card billing address:

Street: \_\_\_\_\_ City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone No: \_\_\_\_\_ Fax #: \_\_\_\_\_

### \*Supporting Document Requirement:

- 1-Visible photo copy of the driver license of the Credit Card holder
- 2- Visible photo copy of the credit card (front & back).

**Comments:** Write the full credit card number and expiration date credit card holder's name below the copy of credit card that matches with the name on the State photo ID.

### **Acknowledgement:**

By signing below, I acknowledge all charges described here on for the room night and local taxes. Payment in full is to be made when billed or payment in accordance with the policy of the company issuing the credit card.

\_\_\_\_\_  
(Credit Card Holder's Signature)

Date: \_\_\_ / \_\_\_ / \_\_\_  
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