Comfort Inn Hackettstown
1925 Route 57 West
Hackettstown, NJ 07840
Tel: 908-813-8500
Fax: 908-813-8860

CREDIT CARD AUTHORIZATION FORM

We are a 100% Smoke Free Facility; a $200 fee will be applied per night, per room for violations in guest rooms, hotel corridors, lobby or banquet facility.

Is the guest / company tax exempt __ Yes ___No: If Yes, attach copy of tax exempt certificate

* **Include photocopy of credit card (front and back).**
* **Include copy of cardholder's driver's license.**
* **FAX to 1-908-813-8860 Attn: Front Desk**

Please list names of those authorized to charge on credit card.

Name _____ Name _____
Name _____ Name _____
Name _____ Name _____

CANCELLATION AND CHANGE POLICY:

Any cancellations or changes are to be made prior to 4:00pm the scheduled day or arrival for the guest(s) room reservations and 72 hours prior to event functions.

Failure to cancel or change reservations may result in a NO SHOW charge to the account. Communicating the change or cancellation through the same booking source as the reservation is integral. The undersigned consents that the failure to the change or cancel the reservation through the same booking source will result in a NO SHOW charge to the account, unless specifically waived by Comfort Inn Hackettstown.

Cardholder Name: _____ Tel: _____

_____Visa _____ MasterCard _____ American Express _____ Discover

Credit Card Number																				

Expiration Date: _____ / _____ (month/year) Security Code _____ (on back of card, front for Amex)

Credit Card Billing Address Zip Code _____

____ Room and Tax only ____ All Charges _____ Banquet/Meeting Charges
____ Guarantee Hold ____ Only Incidentals

I, _____(Print Name), hereby authorize Comfort Inn, Hackettstown to charge my credit card account. I agree to pay the total charge according to the credit card authorization form agreement.

Signature _____ Date _____