

**Suburban Extended Stay Hotel**  
**522 Silver Slipper Lane,**  
**Tallahassee Fl 32303**  
**Phone 850 386 2121    Fax 850 386 3632**

## **CREDIT CARD AUTHORIZATION FORM**

I authorize the following individual, \_\_\_\_\_  
To charge the following items on my credit card/debit card  
account.

Room and Tax \_\_\_\_\_

Long Distance \_\_\_\_\_

Room Damages \_\_\_\_\_

The account number is \_\_\_\_\_

The name on the card is \_\_\_\_\_

It expires on \_\_\_\_\_

CID code- on the back -3 digits for Visa/Master Card, 4 digits on  
the front for American Express. \_\_\_\_\_

Address: Business Name \_\_\_\_\_

Street \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone number \_\_\_\_\_

Authorized

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Very Important: \*\*\*Please include a copy of the front and  
back of the card as well as a copy of your driver's license.**