



BUSINESS CREDIT CARD AUTHORIZATION FORM

I _____, hereby authorize La Quinta Inn #6202 to bill my credit card for the charges incurred by:

List Individual(s) or State "All Company Employees": _____

This Credit Card Authorization is valid for (Check One):

_____ Specific Date(s) List Date(s): _____

_____ Open Dates Expiration: _____

Note: By checking the "Open Dates" option you acknowledge and understand that your company employees and/or the individual(s) above listed shall be able to stay at the La Quinta Inn #6202 in Fort Collins, CO anytime for any length of stay up to the expiration date and you shall be responsible for said charges.

By signing below, I agree not to dispute any of these charges with my credit card company as I am authorizing these charges with my full consent.

Name & Title: _____

Credit Card Number: _____ Exp: _____

Card Holder's Signature: _____

Date: _____ Daytime Phone Number: _____

Email Address: _____

Special Instructions (if any):

LA QUINTA INN INC. REQUIRES A PHOTOCOPY OF THE FRONT AND BACK OF THE CREDIT CARD BEING USED AND A PHOTOCOPY OF THE DRIVER'S LICENSE OF THE CARD HOLDER TO ACCOMPANY THIS AUTHORIZATION FORM. PLEASE EMAIL THIS FORM AND PHOTOCOPIES TO LQ6202GM@LAQUINTA.COM OR FAX YOUR FORM TO 970-493-1826.