

Dear Sir/Madam,

This form has been created in order to allow you to have third party expenses charged to your credit card. Please provide all the information requested below to ensure prompt processing of your application. We ask you to please sign and date the form before submission. Please fax the completed form to **RESIDENCE INN PRINCETON AT CARNEGIE CENTER** at **609-799-2626**.

**Cardholder Information**

Name as it appears on the credit card: \_\_\_\_\_

Card type:       Visa     MC     Amex     Diners/CB     Discover     JCB

Account type:     Individual (personal credit card)

Corporate | Company Name: \_\_\_\_\_

Account number: \_\_\_\_\_ Exp. date: \_\_\_\_\_

Address: \_\_\_\_\_  
(where statement is mailed)

City, State and Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_ Fax or alternate number: \_\_\_\_\_

**Guest Information**

Guest name: \_\_\_\_\_

Company: \_\_\_\_\_

Phone number: \_\_\_\_\_ Fax or alternate number: \_\_\_\_\_

Confirmation number: \_\_\_\_\_

Arrival date: \_\_\_\_\_ Departure date: \_\_\_\_\_

Relation to cardholder:     Relative     Friend     Business Associate     Other: \_\_\_\_\_

**Rate Information and Approved Charges**

Room rate:\* \_\_\_\_\_ Taxes:\* \_\_\_\_\_ Total daily rate:\* \_\_\_\_\_ Number of nights: \_\_\_\_\_

\*(Rate and tax amount must be provided by a hotel representative in order to complete this form)

All Charges     Room & Tax     Telephone (LD)     Telephone (Local)     Restaurant

Room Service     Valet (Laundry)     Parking     HS Internet Access     Movies

Other: \_\_\_\_\_

I certify that all information is complete and accurate. I hereby authorize **RESIDENCE INN PRINCETON AT CARNEGIE CENTER** to collect payment for all charges as indicated in the Rate Information and Approved Charges section of this form by processing a charge to the credit card listed above. Charges must not exceed \_\_\_\_\_ for the entire stay/event. I understand that a new form will have to be completed if guest wishes to extend his/her stay. I certify that I am the authorized signer of the credit card listed above.

Cardholder name: (Printed) \_\_\_\_\_

Cardholder signature: \_\_\_\_\_ Date: \_\_\_\_\_