



**ECONOMY INN**

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## CREDIT CARD AUTHORIZATION FORM

**I AUTHORIZE THE FOLLOWING TO BE CHARGED TO MY CREDIT CARD:**

Number of Nights: \_\_\_\_\_

Number of Rooms: \_\_\_\_\_

Rate / Night: \_\_\_\_\_

Check-In Date: \_\_\_\_\_

Guest Name(s): \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Card Verification Number: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

Credit Card Billing Address / Zip: \_\_\_\_\_

\_\_\_\_\_

**BY SIGNING BELOW, I AUTHORIZE CHARGES TO MY CARD BASED UPON THE INFORMATION PROVIDED ABOVE.**

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

State ID / Federal ID #: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

**NOTE: Please send the copy of your identification and the copy of Credit card's both side**