



Credit/Debit Card Authorization Form

Please complete the form and return via facsimile to (847) 455-4074.

You MUST include a photocopy of the front and back of your credit/debit card and the front of your driver's license or state identification card.

Reservation Information

Last Name/Xpress Number as on Reservation: _____

Date of Arrival: _____

Date of Departure: _____

Room Type: _____

First Night's Room & Tax Charges: \$ _____

Name and Billing Address for the Credit/Debit Card

First Name: _____

Last Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Telephone Number: () _____

Credit Card Number: _____ Expiration Date: _____

Name and address provided must exactly match the billing name/address for the credit/debit card.

My signature below authorizes the Ambiance Inn & Suites to charge my credit/debit card for the first night's room and tax charges for the hotel stay described above.

I understand that this deposit is non-refundable and that if the reservation is cancelled for any reason, I will not be entitled to a refund.

X: _____

Date: _____

You MUST provide a photo copy of the front and back of the credit/debit card as well as a photocopy of the front of your Driver's License or State Identification Card

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