CREDIT CARD CHARGE AUTHORIZATION

I, _____, give authorization to the Owego Treadway Inn Hotel located at 1100 State Rte 17c, Owego, NY 13827, to charge my credit card to pay for:

(Circle all that are applicable)

Room & Tax Charges only

Incidentals only OR Amount of Charge

Room and Incidentals $_____

Restaurant

Group Deposit

Name as it appears on credit card: _____

My credit card number is: _____

Expiration date: _____

The billing address for this credit card is:_____

City, State and Zip:_____

The telephone number at the billing address is: _____

Guest name /Account / Folio:_____

Reservation number:_____

Date of Arrival: _____Date of Departure: _____

*****Please include a copy of the credit card (front & back)*****

*****Please include a copy of card holder driver's license or photo ID. (Front & Back)*****

A fax photocopy of this authorization shall be as valid as the original.

Guests using this authorization must present proper photo ID upon check-in.

Signature of credit card holder: _____

Date:_____

Group Name:_____

Owego Treadway Inn
Phone: 607-687-4500 Fax: 607-687-2456
Email: frontdesk@owegotreadway.com