

CARDHOLDER INFORMATION:

NAME (as it appears on the credit card): _____

CARD TYPE: VISA MASTERCARD AMERICAN EXPRESS
 DINERS DISCOVER JCB
 OTHER: _____

CREDIT CARD NUMBER: _____ EXP DATE: ____ / ____ 20____

BILLING INFO:

ADDRESS: _____

CITY , STATE: _____ ZIP CODE: _____

PHONE NUMBER: (____) _____

GUEST INFORMATION:

NAME(S): _____

ARRIVAL: _____ DEPARTURE: _____

AUTHORIZED CHARGES:

ROOM & TAXES PHONE CALLS INCIDENTALS
 PARKING MISC: _____

I, _____, authorize Adante Hotel, San Francisco, to collect payment for all authorized charges associated with the guest(s) listed above. I understand that any damages to the room (i.e. smoking (of any kind)) will result in additional charges to my credit card. I, hereby, certify that I am the authorized signer of the credit card listed above.

SIGNATURE: _____ DATE: _____

NOT VALID UNLESS ACCOMPANIED WITH A LEGIBLE COPY OF THE FRONT AND BACK OF THE CREDIT CARD, AND GOVERNMENT ISSUED IDENTIFICATION OF THE CARDHOLDER