

BILLING AUTHORIZATION

DATE: _____

TO: The Lombardy Hotel – Front Office Manager
Fax #: 212-832-3170

FROM: _____

PHONE: _____

FAX: _____

I am authorizing The Lombardy Hotel the use of my credit card as payment for the following charges:

_____ will be checking in on _____ and checking
(Guest's Name)

out on _____. The confirmation number for the reservation is _____.

The room rate is \$_____ plus all applicable taxes. Please bill (**Choose one**):

_____ Room and Taxes only.

_____ All Charges.

_____ Other.

I understand that the cancel policy is 4 P.M. 24 hours prior to the arrival date.

_____ (Cardholder's Name) _____ (Credit Card number and expiration date)

_____ (Cardholder's Address)

Photocopies of the front and back of the card follow. **The name, number and signature on the card should be legible.** A copy of the cardholder's driver's license is also required.

Sincerely,

_____ (Cardholder's Signature)