



Economy Inn Express

511 N Market St. Mt. Carmel, IL 62863 Tel. 618-262-8000 Fax: 618-707-4082

Credit Card Authorization Form

This form serves as a credit card registration receipt for **Economy Inn Express**. By signing this form, my reservation will be confirmed and guaranteed. I give authorization to **Economy Inn Express** to charge my credit card for no show or for period of stay in case my card is not present at the time of check-in.

Please make a clear photocopy of front and back of your credit card, along with a valid photo id and fax it to (618) 707-4082 with this form in a timely manner. Guest will not be permitted to check-in without prior authorization of this form, unless other credit card is provided or paid in cash. A valid photo ID is required when paying with cash.

I, _____ authorize Economy Inn Express, Mount Carmel, IL to charge my credit card for the following reservation.

Arrival date: _____ No of Rooms: _____ Check-in: _____

Departure Date: _____ No of Guest: _____ Check-out: _____

Circle one: Smoking / Non Smoking: ___

Guest's First / Last Name: _____

Company's Name: _____

Address: _____

City / State: _____ / _____ Zip: _____

Phone #: (_____) _____ - _____ Email: _____

Credit Card #: _____ Expiry Date: ___ / ___ / 20___

Credit Card Holder's Name: _____

Card Holder's Signature: _____ Date: ___ / ___ /20___

Cancellation: Our cancellation policy changes during special occasions or events in the area. Please ask for cancellation policy for your reservation. Our regular cancellation policy is 48 hours in advance.

Thank you for doing business with us