

Credit Card Authorization Form

Please complete the following information and fax back to (608) 223-1374 or email to:

travis@daysinnsuitesmadison.com

* Please include a valid photo ID

I, _____ authorize the Days Inn and Suites of Madison to use the credit card listed below for all event room charges.

Event Name: _____

Event Date: _____

Event Contact: _____

Credit Card Type: Visa MasterCard Discover American Express

Credit Card Number: _____ - _____ - _____ - _____

Expiration Date: _____

Security Code: _____

Name on Card: _____

Billing Address: _____

Signature of cardholder: _____

Initials: _____ I agree that the charges for any damage or theft incurred by me, or my party may be applied to my credit/debit card, including a cleaning fee of up to \$200 for smoking or room damage



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1374

www.daysinnsuitesmadison.com