



4402 E. Broadway Madison WI 53716
Phone: 608-223-1800 Fax: 608-223-1374
www.daysinnsuitesmadison.com

Credit Card Authorization Form

Please complete the following information and return to Ramona Larrow, Sales Manager, via fax (608-223-1374) or email (ramona@daysinnsuitesmadison.com) **along with the front and back of your credit/debit card and valid photo ID.**

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

Guest Name: _____

Arrival Date: _____ Departure Date: _____

Total # Rooms: _____

Confirmation Numbers: _____

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.

This property is a non-smoking facility in accordance to Wisconsin State Law.