



HOLIDAY INN EXPRESS SOUTH

PAYMENT AUTHORIZATION FORM

Confirmation Number (s) _____ # of Rooms _____

Guest Name: _____

Address: _____

Phone: _____

Arrival Date: _____ Departure Date: _____

Payment Method Visa Diners Club
 AmEx Discover
 Mastercard Check/Money Order

Card # _____

Exp Date: _____

The credit card will cover the following charges:

Room and Tax Charge Now
 Incidentals Charge at Time of Arrival

*You must also provide a photocopy of the front and back of the card above as well
As a photocopy of your driver's license*

I authorize Holiday Inn Express South to charge my credit card for the stay
referenced above.

Printed Name of Cardholder

Company

Signature of Cardholder

Date

**Holiday Inn Express South
5151 South East Street
Indianapolis, IN 46227
Phone: 317 783-5151
Fax: 317 782-4793**