



WYNDHAM

Blake Chicago

CREDIT CARD AUTHORIZATION

I HEREBY AUTHORIZE HOTEL BLAKE TO CHARGE MY CREDIT CARD AS STATED BELOW

CREDIT CARD #: _____

CREDIT CARD TYPE: _____

EXPIRATION DATE: _____

CARD HOLDER NAME: (PRINT) _____

BILLING ADDRESS: _____

TELEPHONE #: _____

FAX #: _____

EMAIL ADDRESS: _____

DRIVERS LICENSE/STATE ID#: _____

CARD HOLDER SIGNATURE: _____

**** A LEGIBLE COPY OF THE FRONT AND BACK OF THE CREDIT CARD ****
**** TOGETHER WITH PHOTO COPY OF D.L. MUST ACCOMPANY THIS REQUEST ****

PLEASE CHARGE THE FOLLOWING ITEMS TO MY CREDIT CARD – (PLEASE CIRCLE)
ALL CHARGES ROOM & TAX INCIDENTALS OTHER _____

GUEST NAMES	ARRIVAL	DEPARTURE	RATE	COMMENTS