



International Inn & Suites

662 Main Street Hyannis, MA 02601

Ph: 508-775-5600 Fax: 508-790-0426

Credit Card Authorization Form

Sign and complete this form to authorize The International Inn and Suites to make a one-time debit to your credit card listed below.

By signing this form, you give us permission to debit your account for the amount indicated on or after the indicated date. This is a permission for a single transaction only, and does not provide authorization for any additional unrelated debit or credits to your account. Please provide a Photo ID and a copy of the Credit/ Debit Card.

Please complete the information below:

I _____ authorize The International Inn and Suites to charge my credit card
(full name)

Account indicated below for _____ on or after _____. This payment is
(amount) (date)

for _____
(description of service)

Billing address _____

Phone _____

City, state, zip _____

Account Type ___ visa ___ MasterCard ___ Amex ___ Discover

Cardholder Name _____

Account Number _____

Expiration date _____

Signature _____

Date _____