

THE HOTEL BLUE

717 Central Ave NW
Albuquerque, NM 87102
Ph (505) 924 2400 / Fax (505) 924 2465

CREDIT CARD BILLING AUTHORIZATION FORM

I hereby authorize The Hotel Blue to charge

- Room and Tax
- All Charges
- Others (Kindly Specify).....

for the following guest(s):

S.N	Guest Name	Conformation #	Check In	Check Out

Type of credit card: Visa MasterCard AMEX Discover

Credit Card Number: _____

Expiration Date: _____ 3-Digit Code (on back of card): _____

I certify that all information is complete and accurate. I hereby authorize **The Hotel Blue** to collect payment for all authorized charges associated with above reservation(s) by processing a charge to the credit card listed above. I certify that I am the authorized signer of the credit card listed above.

Card Holder's Name _____ Phone _____

Card Holder's Signature _____ Date _____

Card Holder's Driving Licenses Number _____ Issuing State _____

Card Holder's Address _____

Kindly attach a legible copy of the front and back of the credit card and a photo ID so that we may process your request

FAX: 505 924 2465