



TOWN SUITES

200 Lake Village Trail, Suite 201
Auburn Hills, Michigan 48326

Tel: 248.333.1360

Fax: 248.333.9583

www.townsuites.com

CREDIT CARD AUTHORIZATION

Name: _____

Address: _____

Type of Credit Card: Visa MC Amex Diners Club

Credit Card Number: _____ Expiration Date: _____ / _____

Name appearing on card: _____

I, _____ hereby authorize Town Suites to charge the rental amount owed to the above listed credit card number,

AND/OR

I, _____ am providing my credit card number as a guarantee. I agree to pay all rent and/or any outstanding long distance phone charges and accept all liability for any damage beyond normal wear and tear during the term of my lease with Town Suites. If I fail to do so, I understand that these costs will be charged to my credit card.

Cardholder's signature: _____ Date: _____ / _____

Best local phone number: () _____ Other number: () _____

How would you like to receive your receipts?

Fax: () _____ Mail: _____