



## CREDIT CARD AUTHORIZATION FORM

I, \_\_\_\_\_, authorize the Connecticut Avenue Days Inn to charge my credit card for the following guest:

Guest Name: \_\_\_\_\_

Arrival Date: \_\_\_\_\_

Departure Date: \_\_\_\_\_

Credit Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVC: \_\_\_\_\_

Please check the charges you will be responsible for:

Room and Tax Only

All Charges

Parking

Signature: \_\_\_\_\_

*Please include:*

*A front and back copy of the cardholder's driver's license*

*A front and back copy of the credit card*

*A phone number and/or email address where we can notify you that this form has been received and completed*

*Fax this form to (202) 478-1975*

If you would like a copy of your bill by mail, please let us know

Connecticut Avenue Days Inn  
4400 Connecticut Ave NW  
Washington, DC 20008  
(202) 244-5600