



**Best Western Escondido Hotel**

1700 Seven Oaks Road, Escondido, CA 92026

[reservations@bwescondido.com](mailto:reservations@bwescondido.com)

Ph: 760-740-1700 • Fx: 760-740-9832

map: <https://goo.gl/maps/XK47tdkEEAw>

**Credit Card Authorization Form**

---

Guest Name: \_\_\_\_\_ Res #: \_\_\_\_\_

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

---

Cardholder Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Type of card: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Card Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

---

Instructions:

- 1) Return this completed document, along with a front and back copy of the credit card and the cardholder's ID.
- 2) Cardholder authorizes Best Western Escondido Hotel to charge the card for the guest and reservation number listed above. Dates are specific. An extension of stay requires a new credit card authorization form to be submitted.
- 3) All information must be supplied before guest arrival.

**Thank you for your business!**

---

Cardholder Signature

Date