



**Days Inn Six Flags/Ballpark/
AT&T Stadium**

910 North Collins
Arlington, Texas 76011
(817) 261-8444
F. (817) 860-2299

DATE: _____

TO: DAYS INN, 910 N. COLLINS, ARLINGTON, TEXAS 76011

RE: **CREDIT CARD FAX AUTHORIZATION** to charge for
RESERVATION under the name of _____
arriving on _____ "Reservation": Room & Tax charges, Incidentals, Deposit

I, _____, with Driver License Number: _____

issued by the State of _____, with DOB: _____, and with the

following home address: _____

certify to Days Inn that I am the Cardmember and authorized user of the following credit card:

Credit Card Number: _____

Expiration Date: _____ CCV2 _____ * (the "Credit Card")

* Card Verification Value 2: 3 digit security code on the back of card or 4 digit security code on the front of American Express card.

Name as it appears on the credit card: _____ ("Cardmember")

The billing address for this credit card is: _____

The telephone number at the billing address is: _____

I hereby agree to pay and be responsible for all hotel charges and costs resulting from the above referenced Reservation. I authorize Days Inn to charge my Credit Card to pay for all charges and costs related to the above. I agree to waive my right to dispute the charges with Credit Card company. In the event the Credit Card company is unable to process the charges, I agree to be personally liable and to pay for said charges, costs, and collection charges, if any. **PLEASE FAX (817/860-2299) OR EMAIL (DI6151@GMAIL.COM) THIS LETTER SIGNED AND FILLED OUT ALONG WITH A LEGIBLE COPY OF ENLARGED CREDIT CARD (FRONT AND BACK) AND DRIVER'S LICENSE.**

A fax or email photocopy of this authorization shall be as valid as the original.

Guests using this authorization must present proper photo ID upon check-in.

I agree there will be no credit or refund for the stay, early departure, cancellation, no show or changes to reservation for any reason.

Cardmember Signature