



NORWALK INN
—
& CONFERENCE CENTER

Credit Card Authorization Form

***Please FAX, email or mail this form, along with a photo copy of the cardholder's license & the front and back of credit card to:**

Reservation Department, Reservations@NorwalkInn.com
99 East Avenue Norwalk, Connecticut 06851
Tel: 203.838.2000 - Fax: 203.855.9722

Card Holder's Name: _____
Card Holder's Phone Number: _____

Credit Card Type (Please Check):

Visa/Master Amex Discover Diner's Club

Credit Card #: _____
Expiration Date: _____

I hereby authorize the Norwalk Inn to charge the above Credit Card for:

Guest Name: _____

Confirmation #: _____ Arrival/Departure Date: _____

I accept billing for the following charges (Please Check):

Room & Tax Only All Charges Direct Bill

***I have attached a photo copy of the front and back of my license _____
& front and back credit card _____ showing my signature.**

Signature: _____

Date: _____