



BY CHOICE HOTELS

Fort Lauderdale Airport Cruise Port

2440 W State Rd 84
FORT LAUDERDALE, FL 33312
(954) 792-8181 Fax (954) 792-4202
http://www.rodewayairport.com

Credit Card Authorization
(Please Print)

Date: \_\_\_/\_\_\_/\_\_\_

Attn: Rodeway Inn & Suite

This is to confirm that \_\_\_ is authorized to use my credit card for
payment or prepayment of their charges while staying at the Rodeway Inn & Suite
2440 W State Rd 84 FORT LAUDERDALE, FL 33312

Relation to this person \_\_\_\_\_ Cell# \_\_\_\_\_

Confirmation# \_\_\_\_\_

Date of Arrival: \_\_\_/\_\_\_/\_\_\_ Date of Departure: \_\_\_/\_\_\_/\_\_\_

Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_/\_\_\_/\_\_\_ CC# \_\_\_\_\_

Full Name of Credit Card Holder \_\_\_\_\_

Billing Address of Credit Card Holder: \_\_\_\_\_

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

Driver license# \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_

Credit Card holder Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Notes or Instruction:

Four horizontal lines for notes or instructions.

I understand that I am personally responsible for all charges incurred on this account/folio during their stay and
agree to pay the total charge amount according to the card issuer agreement. . > Debit Cards: Should you choose
to use your debit card to guarantee your hotel charges, a hold will be placed on your funds in the amount of
room and tax for each night plus 10%. Failure to cancel a reservation 48 hours prior to date of arrival and No
show will be charged at least 1 night room & tax.

Card Holders Signature: \_\_\_\_\_

Must please supply photo copy of front and back of Credit Card & Driver License!