



Theater District West – 548 West 48th Street- NY. NY. 10036

CREDIT CARD AUTHORIZATION LETTER

**Attach a legible copy of both the front and back
of the credit card along with this completed fax.**

I _____ (print name) hereby authorize The Comfort Inn Theater
District West, 548 West 48th Street, New York, NY. 10036 to use my credit card (*circle*) **MC**
VS AX DC DS to process the charges specified.

Card Holder's Name _____

Incoming Guest Name/s
or Group Name _____

Arrival Date _____ Departure Date _____

Credit Card # _____ Expiration Date _____

Please specify charges authorized for credit card charge:

_____ Room & Tax _____ Incidentals _____ Other

Card Holder's Signature _____

Phone Number _____ Fax Number _____

If you wish a copy of the bill to be sent to you upon the guests' departure, please provide the
following information:

Company Name _____

Attention: _____

Email: _____

Or _____

Address _____
