



Best Western Plus Eastgate Inn & Suites  
8300 E. Kellogg Dr. Wichita, KS 67207  
(316) 682-3000 (316) 682-1300 fax

[www.bestwesternwichita.com](http://www.bestwesternwichita.com) hotel@bestwesternwichita.com

## Credit Card Authorization Form

Please return via fax to: (316) 682-1300

By completing and returning this form, you are authorizing Best Western Eastgate Inn & Suites to charge your credit card for hotel stays incurred by the guest(s) you authorize. This form is required to be completed and returned prior to arrival if the guest who will be checking in will not be in possession of the credit card.

Guest Name: \_\_\_\_\_ Arrival Date: \_\_\_\_\_ Depart Date: \_\_\_\_\_

Comments / Rates / Terms:

### Primary Contact Information:

Name: \_\_\_\_\_ Company: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### Credit Card Billing Information

Name (as it appears on card): \_\_\_\_\_

Company (if available): \_\_\_\_\_

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

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

Type of Card (circle one) VISA M/C Discover Amex

Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

**Please attach a photocopy of the credit card (front & back) along with a copy of the cardholder's drivers license.**

X \_\_\_\_\_

I authorize Best Western Eastgate Inn & Suites to charge my credit card for hotel accommodations for the above referenced guest(s) / company.