

AUTHORIZATION FOR USE OF CREDIT CARD FOR PAYMENT

La Jolla Beach Travelodge
6750 La Jolla Blvd.
La Jolla, CA 92037
Phone: (858)454-0716
Fax: (858)454-1075
E-mail: info@lajollatravelodge.com

Guest Name: _____ Confirmation Number: _____
Arrival Date: _____ Departure Date: _____
Room Type: _____ Daily Rate: _____
(plus 10.5% city tax)

Specify Billing Instructions:

I, _____ (card holder's name) hereby authorize La Jolla Beach Travelodge to use my credit card in payment for the guest listed above. I agree to be responsible for all of the guest's charges including but not restricted to room, tax and phone use. **There will be a full charge if this reservation is not cancelled by 4pm 2 days prior to the arrival date.**

PLEASE PROVIDE A CLEAR COPY OF THE CREDIT CARD AND DRIVER'S LICENCE FRONT AND BACK.

Please also provide the following information:

Credit Card Number: _____ Expiration Date: _____

Name of Cardholder: _____

Address of Cardholder: _____

Phone Number of Cardholder: _____

Fax Number of Cardholder: _____

Signature of Cardholder: _____

Return via FAX to (858)454-1075

Or e-mail to info@lajollatravelodge.com