



Washington DC N-Silver Spring
 7990 Georgia Avenue
 Silver Spring MD 20910
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Credit Card Guarantee of Payment Form

Please complete the form in its entirety and include all requested documentation to ensure safe and rapid handling of your request. This credit card guarantee of payment form is valid for the individual reservation(s) listed below.

Today's Date: _____

I, _____ authorize use of my credit card for FULL PAYMENT of the following:

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Room & Tax | <input type="checkbox"/> Incidentals |
| <input type="checkbox"/> Banquet Charges | <input type="checkbox"/> Other _____ |

This reservation will be guaranteed to the credit card provided. In the event of a no-show, the credit card will be charged Room & Tax.

Guest Name			
Company			
Address			
Telephone/Fax	()	()	
Confirmation Numbers	1.	2.	
	3.	4.	
Arrival Date			
Number of Nights			

Credit Card Number			
Expiration Date			
Name on Card			
Billing Address			
Telephone/Fax	()	()	
Cardholder Signature			

Please attach a legible photocopy of the cardholder's Driver License and the credit card front and back.