



Traveler's Inn Medford  
954 Alba Dr. Medford OR, 97504  
Ph. 541-773-1579 Fax: 541-774-9544  
Email: medfordtravelersinn@gmail.com

## CREDIT CARD AUTHORIZATION FORM

Guest Name: \_\_\_\_\_ Confirmation Number: \_\_\_\_\_

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

Total Number of Rooms: \_\_\_\_\_

Total Charges including Taxes: \_\_\_\_\_

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

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

Phone & Fax Number: \_\_\_\_\_

Card Holder Name: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Card Expiration Date: \_\_\_\_\_ CVV Number: \_\_\_\_\_

\*I authorize Travelers Inn Medford to charge my card for the stay of above  
Member/Employee/Client of my Company/Organization

\*\*\* Please enclose Front and Back copy of Card to be used with visible numbers  
and the Card Holder's valid Driver's License or State Issued Photo ID

\_\_\_\_\_  
*Signature of Card Holder*

\_\_\_\_\_  
*Date*

Please return completed form via E-Mail or to the Fax number found at the top