



CREDIT CARD FAX AUTHORIZATION

The Sofia Hotel

Ph: 619-234-9200 Fax: 619-544-9879

I, _____, give authorization to The Sofia Hotel, located at One - Fifty West Broadway, San Diego, CA 92101, to charge my credit card to pay for:

_____ **Room and tax charges ONLY** @ \$_____ per night plus 12.5% TOT, 2.89% HPA, 2% & \$0.09 TMD

_____ **Guest Service Fee** of \$8.75 plus tax per night per room total of \$9.85

_____ **ALL charges** (Room, Tax & Incidentals)

_____ **1st night's deposit ONLY**

_____ **Parking** \$_____ per night

_____ **Other:** _____

Name as it appears on credit card:	
Card Number: VI/MC/DIS/DC/AMEX	
Expiration Date:	
Security code: (located on the back of the credit card)	
The billing address for card:	
	City: _____ State: _____ Zip: _____
Telephone Number at billing:	
Guest Name:	
Reservation Number:	
Date of Arrival:	Number of Nights: _____

A legible copy of the front and back of the card is required to accompany this form, along with a copy of a state issued ID card or driver's license.

The information contained herein is strictly confidential and shall be used for the sole purpose of obtaining payment for the above reservation. A fax copy of this authorization shall be as valid as the original.

FAX THIS FORM TO: 619-234-1860

Guest using this authorization must present proper photo ID upon check-in.

Signature of credit card holder:	
Date:	