

3RD PARTY CREDIT CARD PAYMENTS REQUESTS ONLY --- PLEASE COMPLETE THE FORM BELOW AND RETURN TO US VIA FAX OR EMAIL

CARD HOLDER CONTACT INFORMATION	
CONTACT NAME:	
COMPANY:	
ADDRESS:	
PHONE:	
FAX:	
E-MAIL:	

RECIPIENT	
ATTN:	RECEPTION DESK
PROPERTY:	MOORE HOTEL 1926 2 ND AVE SEATTLE, WA 98101
PHONE:	1(206)448.4851 OR 1(800)421.5508
FAX:	1(206)728.5668
E-MAIL:	RESERVATIONS@MOOREHOTEL.COM

RESERVATION INFORMATION			
GUEST NAME:			
RESERVATION NO.:	DATE OF ARRIVAL:	__/__/__	
PHONE NO.:			
FAX NO.:			
E-MAIL:			

PLEASE MARK THE CHARGES TO BE INCLUDED:	
<input type="checkbox"/>	ALL CHARGES
<input type="checkbox"/>	ROOM & TAX
<input type="checkbox"/>	INCIDENTALS
** BE ADVISED THAT THIS FORM ALLOWS US TO USE THE CREDIT CARD ONLY FOR THE PERSON, CHARGES, AND DATES YOU HAVE SPECIFIED ON THIS FORM.	

CARDHOLDER'S NAME: (AS IT APPEARS ON THE CARD)	
BILLING ADDRESS:	
CARDHOLDER PHONE NO.:	
CREDIT CARD NO.:	____-____-____-____
EXPIRATION DATE:	__/__/__

PLEASE INCLUDE THE FOLLOWING PHOTOCOPIES WITH THIS COMPLETED FORM:

- ✧ FRONT OF CREDIT CARD.
- ✧ BACK OF THE CREDIT CARD.
- ✧ FRONT OF VALID IDENTIFICATION CARD.

ACCEPTED CREDIT CARD TYPES:



I hereby accept liability for charges concerning this reservation, including any damages done by the occupant(s). Thus, I agree to have the credit card, as referenced above and photocopied, charged for the aforementioned charges.

CARDHOLDER SIGNATURE: _____ DATE: _____