



**Howard Johnson Express Inn
Santa Clara**

2499 El Camino Real
Santa Clara, CA 95051

Phone: (408) 244-9610 Fax: (408) 244-9541

- Please provide us with the following information to confirm your intention to authorize charges to your credit card in payment for lodging services we are provided to another party at your request:

I, _____, authorize Howard Johnson Express Inn -

Santa Clara, to charge my Credit Card Account # _____

Expiration Date _____, in payment of charges related to the lodging of...

Name: _____ Confirmation/Reservation # _____

Arrival Date: _____ Departure Date: _____

- Please check the box indicating the charges you wish to be covered by your credit card:

Room and tax only.

Room, tax, and telephone charges.

All charges.

- Your signature below acknowledges your understanding that this completed form must be returned by fax with a legible photocopy of both sides of the appropriate credit card and a legible copy of your drivers license, confirming your identity.

Signature as shown on Credit Card

Printed Name as shown on Credit Card