

# Third Party Credit Card Authorization



Guest Name: \_\_\_\_\_  
Arrival Date: \_\_\_\_\_  
Departure Date: \_\_\_\_\_  
Confirmation/ResID #: \_\_\_\_\_

## Stanford Terrace Inn

531 Stanford Ave., Palo Alto, CA 94306 USA  
Phone: (650) 857-0333 Fax: (650) 857-0343  
*Letter of Authorization to Charge Credit Card Indicated Below*

### Mark Appropriate Boxes:

- Guest Room, Taxes, and \$0.25 Tourism Fee  
 All Incidental Charges (Phone, Movies, Honor Bar, etc.)

I, \_\_\_\_\_, hereby authorize Stanford Terrace Inn to charge all the charges indicated above, for the reservation listed at the top of the page, to the following credit card:

Print Full Name on Card: \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_  
\_\_\_\_\_

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

Master Card  AMEX  Visa  Diners  Discover

Expiration Date: \_\_\_\_/\_\_\_\_

Signature of Card Owner: \_\_\_\_\_

Sent By (print name): \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**IMPORTANT:** For security purposes, a readable photocopy of the front and back of the credit card and photo ID must be attached to this authorization. **This Authorization to Charge a Credit Card will not be processed without readable copies of the credit card and photo ID of the person authorizing the card usage. If booked by the third party credit card, please email the required ID and the signed authorization form to [admin@stanfordterraceinn.com](mailto:admin@stanfordterraceinn.com).**