



Authorization to Direct Bill

Stanford University

Department Authorized Account No. _____

Department Authorized Faculty & Staff: _____ Email: _____

Department Name: _____ Phone: _____

Guest Name: _____ Email: _____ Phone: _____

Arrival Date: _____ Departure Date: _____

Confirmation/Res ID #: _____ Department Address _____

Mark Appropriate Boxes:

Guest Room, Taxes, and \$0.25 Tourism Fee

All Incidental Charges (Phone, Movies, Honor Bar, etc.)

Reservation Confirmation email attached and approved.

Copy of Credit Card and Photo ID

By signing below, you agree that you have read, understood, and will comply with Stanford Terrace Inn's Direct Billing Policy. Policy states that every signed Authorization to Direct Bill must be accompanied by a valid Authorization to Charge a Credit Card, included in this document.

If the Stanford Terrace Inn has not received the Direct Billing payment within 15 calendar days after the guest has checked out of the hotel, the credit card on file will be charged for the full amount per the "Reserve A Room" rates without the discounted offer, following up with an email confirmation.

Print Full Name on Card: _____

Credit Card Billing Address: _____

Credit Card Number: _____ MasterCard AMEX Visa

Expiration Date: ___/___/___ Signature of Card Owner: _____

Authorizing Signature: _____ print name: _____

Emergency Contact Cell: _____ Stanford E-mail: _____

** Please email copy of check when available to: admin@stanfordterraceinn.com