



La Quinta Manhattan
 17 West 32nd Street, New York, NY 10001
Credit Card Authorization Form

I, _____, hereby authorize

La Quinta Manhattan to charge the following:

Room & Taxes: _____ All Charges: _____ Only Incidentals: _____

Guest Information:

Name on Reservation: _____

Arrival Date: _____ Departure Date: _____

Confirmation Number: _____ Rate: _____

Credit Card Information:

Name of the Company: _____

Name of the Credit Card Holder: _____

Billing Address of the Credit Card Holder: _____

Credit Card Type: _____

Credit Card Number: _____ Exp: _____ CSV: _____

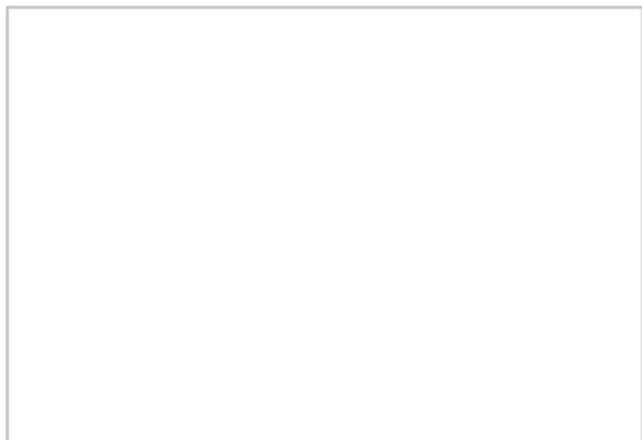
Phone Number of the Credit Card Holder : _____

Amount to be charged: _____

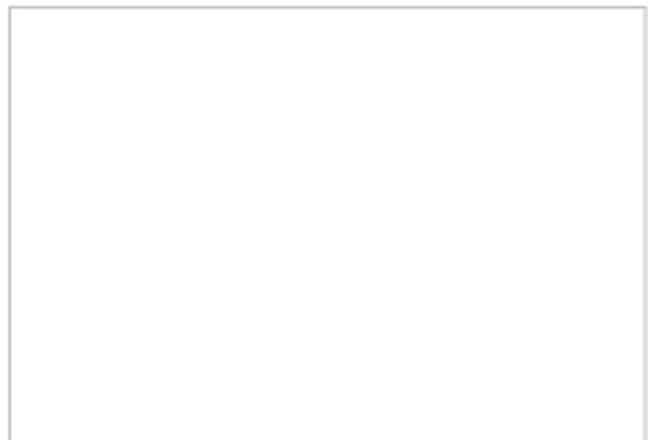
Signature of the Credit Card Holder: _____

- **Please Complete This Form for Every Reservation Made**
- **Please Attach Picture ID of the Credit Card Holder**
- **Please Provide Imprint/Copy of Both Sides of the Credit Card Below**

After completion, please send to: Victor Alim, General Manager, fax number (front desk): 212.563.4007 or email v.alim@applecorehotels.com



Front of the Credit Card



Back of the Credit Card