

Credit Card Authorization Form

For use at the Lincoln Inn Express Hotel

I, _____ give permission to
_____ for the use of my credit card:

Credit Card type: (Please circle) Visa, Mastercard, American Express, Discover.

My card no. is _____

Expiration date: _____

This card is to be used on the dates of: _____

Until _____.

This card may be used to pay for the following: (please circle)
Room and Tax, Restaurant, Lounge, phone, Pay-per-view.

* Please also fax a copy of your credit card front and back, along with a copy of your drivers license *

Fax back to Lincoln Inn Express @ 405 528-0425

Thank you.