



NOTE: THIS FORM MUST BE COMPLETED OR COMFORT SUITES PARADISE ISLAND WILL NOT CHARGE THE CREDIT CARD. WE ALSO MUST HAVE A COPY OF THE FRONT AND BACK OF THE CREDIT CARD ALONG WITH A COPY OF THE CARD HOLDER'S GOVERNMENT ISSUED PHOTO I.D

CARD HOLDER'S NAME: _____

CARD HOLDER'S ADDRESS: _____

TELEPHONE #: _____ FAX #: _____

EMAIL ADDRESS: _____

GUEST NAMES: _____

CONFIRMATION NUMBER: _____ ARRIVAL/DEPARTURE DATE: _____

AUTHORIZED CHARGES: (PLEASE CHECK ALL THAT APPLY). *THE BELOW CHARGES ARE MANDATORY.

1. *ROOM RATE:
2. *TAX & LEVY 21.00%:
3. *RESORT FEES (\$44.50 PP/PDAY 12 years and older):
4. INCIDENTALS:
5. TELEPHONE:
6. ALL CHARGES:

TOTAL AMOUNT AUTHORIZED (if not checked above): \$ _____

SPECIAL REQUEST: _____

I AUTHORIZE COMFORT SUITES PARADISE ISLAND TO CHARGE MY CREDIT CARD. I UNDERSTAND THAT THE COMPANY CANNOT EXCEED THE APPROVED AMOUNT WITHOUT FURTHER APPROVAL FROM ME.

SIGNATURE OF CARDHOLDER: _____

CREDIT CARD #: _____ EXP. DATE: _____

ANY QUESTIONS PLEASE CONTACT US:
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