

ST. CHARLES INN

 HOTEL SUPERIOR 

I, _____, authorize the St. Charles Inn to charge my credit card, number _____ exp. date _____, for the following transaction:

- Full payment of room and tax charges
- Full payment of room, tax, and incidental charges
- Reservation guarantee
- Deposit of room and tax charges

Name of Guest or Group: _____

Arrival Date: _____ Departure Date: _____

Confirmation Number: _____

In the event that a reservation is not cancelled prior to the cancellation date, the credit card above will be charged one nights room and tax charges. During special events that require full prepayment of room and tax charges, the full deposit will be forfeited if the reservation is not cancelled prior to the cancellation date.

Cardholder Signature

Date

Please fax this form along with a copy of the front and back of the credit card and a valid driver's license to the St. Charles Inn at (504) 899-8892.

St. Charles Inn
3636 St. Charles Avenue ~ New Orleans, LA 70115
Tel: 504 899 8888 ~ Fax: 504 899 8892