



CREDIT CARD AUTHORIZATION
Scan and email to info@thesofiahotel.com

Ph: 619-234-9200 Fax: 619-544-9879

I, _____, give authorization to The Sofia Hotel, located at One Fifty West Broadway, San Diego, CA 92101, to charge my credit card to pay for:

Check all that apply:

_____ Room and tax charges ONLY @ \$_____ per night plus 12.5% tax

_____ Room, Tax & Incidentals _____ 1st night's deposit ONLY

_____ Parking \$_____ per night

_____ Other: _____

Name as it appears on credit card:	
Card Number:	
Expiration Date:	
The billing address for card:	
	City: _____ State: _____ Zip: _____
Telephone Number at billing:	
Guest Name:	
Reservation Number:	
Date of Arrival:	Number of Nights: _____

A legible copy of the front and back of the card is required to accompany this form, along with a copy of a state issued ID card or driver's license. The information contained herein is strictly confidential and shall be used for the sole purpose of obtaining payment for the above reservation. A fax copy of this authorization shall be as valid as the original.
FAX THIS FORM TO: 619-544-9879 or Scan and email to: info@thesofiahotel.com
Guest using this authorization must present proper photo ID upon check-in.

Signature of credit card holder:	
Date:	