



**CREDIT CARD AUTHORIZATION**  
**Scan and email to [info@thesofiahotel.com](mailto:info@thesofiahotel.com)**

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

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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 charges ONLY @ \$\_\_\_\_\_ per night plus all associated taxes and fees

\_\_\_\_\_ Room, associated taxes and fees and all other charges.

\_\_\_\_\_ Valet 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](mailto:info@thesofiahotel.com)**  
*Guest using this authorization must present proper photo ID upon check-in.*

Signature of credit card holder:	
Date:	