



### CREDIT CARD AUTHORIZATION FORM – KAWADA HOTEL

I \_\_\_\_\_ do authorize Kawada Hotel of  
(Print cardholder's name)  
Los Angeles, CA to charge the following to my credit card:

Please only mark one box:

- Room \$ \_\_\_\_\_
- Security Deposit \$ \_\_\_\_\_
- All Charges
- Others \$ \_\_\_\_\_

For the guest \_\_\_\_\_  
(Print guest name)

Arriving on \_\_\_\_\_ Departing on \_\_\_\_\_  
(Date) (Date)

On Credit Card # \_\_\_\_\_ Exp. \_\_\_\_\_

**By signing below, you are authorizing us to charge your credit card for the charges specified above that are incurred by the guest whose name appears on this document.**

Card holder Signature \_\_\_\_\_

Phone #s: Home \_\_\_\_\_ Business \_\_\_\_\_ Cell \_\_\_\_\_  
(Two numbers are required for Hotel staff to be able to contact you should the need arise)

#### Documents Needed

Please fax this **Letter of Authorization** along with a clear copy of the **credit card (front and back)** and the cardholder's **driver license showing the photo**. All three signatures must match. If this information and/or any part of the documents are not legible, we cannot process the charges and your request will be denied.

*Please scan and email this document with the above requested items to info@TheHotelResidences.com or fax to 888.777.9788. Feel free to contact us with any questions.*

Thank you for choosing  
**THE HOTEL RESIDENCES**  
for your Extended Stay