

**RAMADA  
INN  
KENNEDY SPACE CENTER  
3500 CHENEY HIGHWAY, TITUSVILLE, FL 32780  
PHONE: 321-269-5510, FAX: 321-269-3796**

DATE: \_\_\_\_\_

Attention: Manager

I. \_\_\_\_\_ authorize the Ramada Inn & Suites in  
Titusville to use my \_\_\_\_\_ card no  
\_\_\_\_\_ expiring \_\_\_\_\_ for  
charges incurred by \_\_\_\_\_ who will arrive on  
\_\_\_\_\_ and depart on \_\_\_\_\_, Confirmation #  
\_\_\_\_\_

\_\_\_\_\_ Please charge room and tax only to my account

\_\_\_\_\_ Please put all charges on my account.

\_\_\_\_\_ Please put all charges on my account.

\_\_\_\_\_ Please put only the charges I have indicated on my account.

\_\_\_\_\_ Please give the Receipt to the Guest upon check out.

\_\_\_\_\_ Please fax the receipt to \_\_\_\_\_

\_\_\_\_\_ Please mail the receipt to my attention at the address  
below

My name as it appears on my card is: \_\_\_\_\_

My signature as it appears on my card is: \_\_\_\_\_

Accompanying this letter is a photo copy of my card, front and back, for support documentation, this authorization is valid only for the dates and charges that I have indicated above, I understand if any of the above information changes; I will have to resubmit this form.