

**MOSLEY SELECT
SUITES**

28500 EUCLID AVENUE
WICKLIFFE, OHIO 44092
440-943-2110 (PHONE)

CREDIT CARD AUTHORIZATION LETTER

I, _____ (print name as appears on card) authorize the use of my credit card described below for charges related to services provided by the Mosley Select Suites.

CREDIT CARD TYPE	<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD
CREDIT CARD NUMBER	_____	
EXPIRATION DATE	_____ (MM / YYYY)	
NAME OF CARDHOLDER	_____	
BILLING ZIP CODE	_____	

I understand that the amount charged to my credit card will be reflected on my credit card statement within seven days of authorization. The amount charged is based on services requested by me.

SIGNATURE _____

TODAY'S DATE _____

**FILL-OUT ENTIRE FORM AND FAX WITH PHOTOCOPY OF FRONT AND BACK OF CREDIT CARD.
CREDIT CARD MUST BE SIGNED.**

**FAX TO: MOSLEY SELECT SUITES - WICKLIFFE, OHIO
440 - 943 - 2119**