

STUDIO 819 RESIDENTIAL HOTEL
819 UNIVERSITY AVENUE
SAN DIEGO, CA 92103
TEL (619) 542-0819 FAX (619) 688-6512

CREDIT CARD AUTHORIZATION FORM

Please provide all information below:

Name(s) _____

Address _____

Street _____ Apt. _____

City _____ State _____ Zip _____

Phone Number _____

I hereby agree and authorize Studio 819 Residential Hotel to charge the following amount on the credit card which information and signature provided below,

- Room Charge \$ _____ (_____)
- Parking \$ _____ (_____)
- Credit Check Fee \$ _____ (\$25 / Non-refundable)
- Holding Deposit \$ _____ (\$100 / Charged upon approval of rental application)
- Security Deposit \$ _____ (_____)
- Other Charge \$ _____ (_____)
- TOTAL** \$ _____

Credit Card **VISA / MASTER**

Credit Card Number _____

Expiration Date _____ / _____ (MM / YY)

Name of Card Holder _____

Signature **X** _____

*Please fax or mail back this form to Studio 819 Residential Hotel as soon as possible.
Thank you very much for your interest in Studio 819 Residential Hotel.*