

PLEASE CALL BEFORE YOU MAKE RESERVATION



KNIGHT INN PARKWAY

7089 - State Route 35
South Amboy, NJ - 08879.
Ph : 732-525-1770, Fax :732-525-9769

Date : _____

Attn. : _____

CREDIT CARD AUTHORIZATION

I/Wehear by authorize Knights inn Parkway, South Amboy, NJ to charge for the Hotel room.

These Charges are to be placed on the credit card number as shown below. Please be advised that no other charges or extensions are to be charged on this credit card number unless you receive our written authorization.

ARRIVAL DATE AND TIME _____

DEPARTURE DATE : _____

CARD TYPE : M/C-VISA AM/EXP DISCOVER

NAME ON THE CREDIT CARD : _____

CREDIT CARD NUMBER : _____ EXP. DATE _____

RATE OF ROOM PER NIGHT : \$ _____ Type of Room : _____

ADDRESS : _____

PHONE NO. (REQ.) : _____ FAX NUMBER : _____ E-MAIL : _____

I understand that I/ We are responsible for room charges incurred on this account. Please note that cancellation must be made 24 hours prior to the date of arrival and a cancellation number must be obtained. otherwise the company will be charged one night no show charge.

Terms and Condition :

- Please call before you reserve particular room.
- You have to Provide Valid Driving Licence or Any Photo ID with Name and Address.
- You have to Provide Credit Card Copy.
- Check in Time 6.00 p.m. and Check out 11.00 a.m., If you want to check in early you have to pay addition rate.
- Must be 18 years or elder.

CARD HOLDER'S NAME : _____

CARD HOLDER'S SIGNATURE : _____