



200 South Hill Street, Los Angeles, CA 90012

info@TheHotelResidences.com

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

200 South Hill Street, Los Angeles, CA 90012
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