



**SILVER CLOUD**<sup>®</sup>  
I N N  
*Bellevue-Downtown*

**Credit Card Authorization**

**For verification purposes, please attach a photocopy of the front and back of the authorized credit card and photo identification of the cardholder.**

Complete and fax to (425) 455-0531 or e-mail  
[reservations@bellevue.silvercloud.com](mailto:reservations@bellevue.silvercloud.com)

**Credit Card is authorized for the following charges (select one):**

<b>Room And Tax Only</b>	<b>All Charges</b>
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Credit Card #: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Name of Credit Card Holder (please print): \_\_\_\_\_

If a dollar amount is to apply, please enter amount: \$ \_\_\_\_\_

Card Holder's Address: \_\_\_\_\_

City, State and Zip: \_\_\_\_\_

Card Holder's Phone Number: \_\_\_\_\_

Company Name: \_\_\_\_\_

Persons approved to set up billing:  
\_\_\_\_\_

Confirmation #(s): \_\_\_\_\_

Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_

By completing and signing this authorization, I understand that I am establishing credit with Silver Cloud Inns & Hotels. I authorize the Silver Cloud Inn – Bellevue Downtown to charge my credit card for any charges that may accrue, including any damages incurred by the hotel guest. I understand that any charges that are not settled with the guest will be charged to my credit card.

Signature of Card Holder: \_\_\_\_\_ Date: \_\_\_\_\_