



# Comfort Inn Midtown

Choice Hotels

## Guest Room Payment

### Credit Card Authorization/Release Form

(Please Fill out all information and return form to the hotel)

I, the cardholder, Emma Clemons (name) authorize  
Comfort Inn Raleigh Midtown (hotel) to charge my card for the following:

**All Charges** (including incidental authorization and payment of any incidental charge)

**Room and Tax Only** (if you check this, guest checking in will be asked for a separate credit card to cover incidental charges, including a required \$25 authorization to be taken at check in)

**Other:** snacks and drinks

Actual Guest Name(s) and Confirmation Numbers available): Mark Jensen

Dates of Stay: 1/07-10/2025

Credit Card Account # 4815820623298633

Expiration Date 11/29

Name that appears on card: EMMA CLEMONS

Mailing Address for the card holder: 18584 PO BOX ZIP CODE 95158

Telephone# 4088490377 Fax# \_\_\_\_\_

Cardholder Signature:  Date: 01/07/2026

Please Complete and Return This Form

Email: [Midtowncomfort2@gmail.com](mailto:Midtowncomfort2@gmail.com) or Fax# (919) 834-2672