



CREDIT CARD AUTHORIZATION
Scan and email to: info@thesofiahotel.com
Ph: 619-234-9200 Fax: 619-544-9879

I, _____, give authorization to The Sofia Hotel, located at One Fifty West Broadway, San Diego, CA 92101, to charge my credit card to pay for:

- _____ Room and tax charges ONLY @ \$ _____ per night plus 12.5% TOT, 2.89% HPA, 2% SDTMDA & 0.195%
- _____ Guest Service Fee of \$8.75 plus tax per night, per room (\$9.85 total)
- _____ All charges (Room, tax & incidentals)
- _____ Valet Parking \$36.00 per night
- _____ Other: _____

Name as it appears on credit card:	
Card Number: VI/MC/AMEX	
Expiration Date:	
Security code: (located on the back of the credit card)	
The billing address for card:	
	City: _____ State: _____ Zip: _____
Telephone Number at billing:	
Guest Name(s):	
Reservation Number(s):	
Date of Arrival:	Number of Nights: _____

A legible copy of the front and back of the card is required to accompany this form, along with a copy of a state issued ID card or driver's license.

The information contained herein is strictly confidential and shall be used for the sole purpose of obtaining payment for the above reservation. A fax copy of this authorization shall be as valid as the original.

Guest using this authorization must present proper photo ID upon check-in.

Signature of credit card holder:	_____ (Today's date)
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