

WinnQuest Inn

3518 EISENHAUER RD. SAN ANTONIO, TX 78218 PHONE: (210) 826 0737 FAX: (210) 824 1554

GUEST NAME: _____

COMPANY NAME: _____

DATE OF ARRIVAL: _____ DATE OF DEPARTURE: _____

NUMBERS OF ROOMS: _____

By my signature below, I authorized the use of my credit card for the charges. I have specified at the WinnQuest Inn 3518 Eisenhower Rd, San Antonio, TX 78218

I acknowledge that once charges are confirmed on a verbal basis they will be charged to my account and I will be fully responsible for all such charges.

I further acknowledge that if a reservation is not canceled 24 hours prior to scheduled arrival, a NO-SHOW CHARGE billed to your credit card. FOR ONE NIGHT FOR EACH ROOM

I AUTHORIZED THESE CHARGES TO BE BILLED TO MY CREDIT CARD ROOM PLUS TAXES

ROOM TYPE: _____ 1 KING OR _____ 2 QUEENS

PLEASE PROVIDE THE BILLING INFORMATION ASSOCIATED WITH CREDIT CARD:

NAME: _____

BILLING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

BUSINESS NAME: _____

BUSINESS PHONE: _____ FAX: _____

CREDIT CARD #: _____

EXP DATE: _____ CVV #: _____ (3 Digit code located back of the card) (AMX 4 Digit front of card)

DRIVER'S LICENSE #: _____

STATE: _____ EXP. DATE: _____

SIGNATURE: _____ DATE: _____

**PLEASE E-MAIL THIS FORM TO INFO@WINNQUESTINN.COM
OR FAX IT AT (210) 824-1554 WITH A PHOTOCOPY OF THE CREDIT CARD FRONT AND
BACK AND FRONT PHOTOCOPY OF DRIVER'S LICENSE.**

Thank you.
General Manager