



235 Hamilton Avenue, Palo Alto, CA 94301
Phone (650) 323-5101 - frontdesk@cardinalhotel.com
Fax (650) 325-6086

Credit Card Authorization

Credit Card #: _____ exp. Date: ____ / ____

Cardholder's Name: _____

Cardholder's Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: (____) _____ - _____ Fax (____) _____ - _____

Please charge my credit card for:

Room and tax only for _____ nights.

All charges for _____ nights.

Add The Cardinal Breakfast (\$18) for _____ nights.

Add Continental Breakfast (\$12) for _____ nights.

Add City of Palo Alto parking permit (\$25.00) for _____ nights.

Hotel Guest Information

Guest Name: _____ Confirmation #: _____

Arrival Date: _____ Departure Date: _____

Cardholder Signature:

_____ Date: _____

**Please return completed form by fax to 650-325-6086 or email to frontdesk@cardinalhotel.com
Please include photocopy of front and back of credit card and drivers license or valid photo I.D.**