



Credit Card Authorization

Corporate Comfort 340 North Main Plymouth, MI 48170 Telephone (734)420-3399 Fax: (734)420-5369

I declare that I am the holder of the credit card listed below and I authorize Corporate Comfort Inc. use of this card for charges incurred by me and/or _____ for payment of those items initiated below in regards to rental payments, long distance bills, utility coverage, missing or damaged items, or damage to the premises. I understand and agree to the future use of the credit card number without my signature for the charges contained herein. I agree that a signed facsimile copy of this agreement shall suffice as an original.

The Cardholder acknowledges that Corporate Comfort Inc is not responsible for the loss of personal possessions in the event of fire, theft or other circumstances not under the control of Corporate Comfort Inc. and/or Guest articles left in the apartment after departure. The Cardholder is advised to maintain homeowner's or renter's insurance on the apartment during the Guest(s) stay. The Cardholder agrees to save harmless Corporate Comfort Inc from and against all liability, damage, penalties, judgments or claims or whatever nature arising from injury, person, or property sustained by anyone in or about the apartment. The Company and Guest will not be responsible for any damages created through acts of nature, fires, or any other reason beyond the control of the Company and/or Guest.

Credit Card Information

Type of Card	Credit Card Number	Exp. Date	3-4 Digit Security Code <small>On back for VISA/MC front for AMEX</small>
Card Holder Information			
Cardholder's Name			
Address Statements Are Sent (for verification)			
Home Phone Number		Social Security Number	
Day Phone During Stay			
Email Address			

I Elect To Have Charges Collected From Credit Card Number Provided

I Elect To Pay Charges By Check

The Cardholder agrees to be charged for the items initiated above. All items must be initialed unless a Corporate Guarantee is on file with Corporate Comfort for payment of those items. Payments for invoices are due and payable upon receipt.

I understand and consent to the terms of this agreement.

Cardholder's Signature _____ **Initials** _____ **Date** _____