

Eagle Pass Inn

2127 E. Main St.
Eagle Pass, Tx 78852
830-757-3700

Room Reservation
Credit Card Authorization
From:

Date:
Fax Form Back to: Front Desk
1-888-696-2704

To:
Fax:

Please return this form with a copy of the front and back of your credit card & a copy of your photo ID to the number above. We must be able to read the copies, including the credit card number and the name on both the credit card and the photo ID. (Use the lighter setting)

Credit Card Number: _____ Exp. Date: _____

Name of Credit Card Holder: _____ Phone Number: _____

Billing Address: _____

I authorize the following for these Guests:

Guest Name:	Reserve Dates:	Rsv. Number:	Room & Tax Only	Rm/Tx Amount \$

Notes: _____

*****Any and all damages to the rooms will be reported and documented to the proper authorities. Compensation for the damages incurred will be billed and charged accordingly. If there are any special circumstances that need to be included please contact the manager directly. Ask for hotel cancellation policy if unclear.

I authorize and acknowledge all of the aforementioned charges will be posted to my credit card (including any damages that may occur). This reservation is considered a final sale.

Signature: _____