



**Travelodge of Spearfish**

346 W. Kansas Street  
Spearfish, SD 57783

Phone: (605) 559-3333

Fax: (605) 559-1212

Attention Front Desk:

I authorize payment on my credit card for \_\_\_ nights stay for \_\_\_ rooms for the following guests:

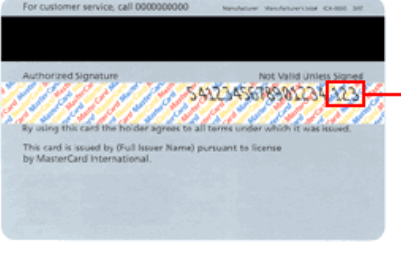

\_\_\_\_\_

On the following nights: \_\_\_\_\_

1. My credit card number is: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

2. Credit card expiration date: \_\_\_\_ / \_\_\_\_

3. CVC number (see below): \_\_\_\_\_

<p>The CVC number on your <b>Mastercard</b> or <b>Visa</b> is the last 3 (extra) digits printed here:</p>  <p><b>3 Digit Card Verification Number</b></p>	<p>The CVC number on your <b>American Express</b> card is the 4 digit number printed here:</p>  <p><b>4 Digit Card Verification Number</b></p>
--	--

4. Name on Credit Card: \_\_\_\_\_

5. My billing zip /postal code is: \_\_\_\_\_

6. Signed: \_\_\_\_\_ Date: \_\_\_\_\_

7. Daytime phone number: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

Please fill out this form and attach a photocopy of your credit card (**front and back**) and **fax to us directly on our secure fax at (605) 559-1212**,  
or,  
**provide this form** and a photocopy of your credit card (**front and back**) to the person checking in. This card will not be charged until check-in. This information shall remain secure.