

# WinnQuest Inn

3518 Eisenhower Rd.  
San Antonio, TX 78218  
(210) 826-0737  
(210) 824-1554 Fax info@winnquestinn.com

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 & TAX

ROOM TYPE: \_\_\_\_\_ 1 KING \_\_\_\_\_ 2 DOUBLES

## PLEASE PROVIDE THE FOLLOWING INFORMATION:

NAME: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

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 FAX THIS FORM TO MOTEL AT (210) 824-1554 WITH A PHOTOCOPY OF THE CREDIT CARD FRONT AND BACK AND FRONT PHOTOCOPY OF DRIVER'S LICENSE.**

THANKS.  
General Manager