



FLORIDA



IN TOWN SUITES STUDENT HOUSING OPTION

RESERVATION REQUEST FORM

****A \$50.00 NON-REFUNDABLE APPLICATION FEE IS REQUIRED AT TIME OF RESERVATION.**

CHECK IN: 3:00 PM EST CHECKOUT: 12:00 PM EST

NAME OF PERSON STAYING IN ROOM	
DATE OF CHECK IN:	
NAME AS IT APPEARS ON CREDIT CARD	
ADDRESS OF CREDIT CARD HOLDER	
CITY, STATE, AND ZIP CODE	
PHONE NUMBER OF CREDIT CARD HOLDER	
CREDIT CARD NUMBER	
EXPIRATION MONTH AND YEAR OF CARD	
3 OR 4 DIGIT CODE ON THE BACK OF CARD	
BILLING ZIP CODE OF CREDIT CARD	

SIGNATURE OF CREDIT CARD HOLDER: _____

DATE SIGNED: _____

****YOUR SIGNATURE ON THIS DOCUMENT ALLOWS IN TOWN SUITES TO CHARGE YOUR CREDIT CARD ABOVE A \$50.00 NON-REFUNDABLE RESERVATION FEE FOR THE CHECK IN DATE NOTED ON THIS FORM.****

INSERT A PHOTO OF THE ID FOR THE PERSON STAYING IN THE ROOM



SEND COMPLETED FORM TO IN TOWN SUITES FAX: 321-430-3786 OR EMAIL: YOF@INTOWNSUITES.COM