



2301 Decker Drive (SPUR 330), Baytown TX 77520

(281) 422-3641, FAX (281) 422-0183, Visit us at www.baysinn.com for more info!

CREDIT CARD GUEST PAYMENT FORM

Guest First Name

Guest Last Name

Type of Room

Number of nights

Number of Rooms

Arrival Date MM/DD/YY

Name as it appears on credit card

Credit Card Number

Exp Date MM/YY

Three digit (Visa/MC) or Four digit (AMEX) security number



Billing address for this credit card

City, State and Zip

Phone Number

Email address

I hereby agree to my credit card to be charged for the above by Bays Inn & Suites and understand that there is NO REFUND. Please check rates/availability before proceeding. Taxes are not included in room rate. Once room(s) are charged and confirmed, an email or fax will be sent. NOTE: Room(s) not guaranteed until credit card has been processed.

By checking the box to left, I agree to the terms.

Signature of credit card holder:

Today's Date MM/DD/YY

Additional Notes/Message:

and FAX form back to (281) 422-0183 or SCAN and email to info@baysinn.com