



Credit Card Authorization Form

Dear Sir/Madam:

This form has been created in order to allow you to have third party expenses charged to your credit card. Please provide all the information requested below to ensure prompt processing of your application. We ask you to please sign and date the form before submission. Please fax the completed form to COUNTRY INN at _____. If there are any questions, please contact us at _____. Please note, this form is to accompany an existing reservation, submitting this form will not generate a guest room reservation.

PLEASE INCLUDE A PHOTOCOPY, FRONT AND BACK OF THE CREDIT CARD AND PICTURE ID*

Cardholder Information

Name as it appears on the credit card: _____

Card Type: Visa MasterCard Discover America Express

Account type: Individual
 Corporate / Company Name _____

Account Number: _____ Exp. Date _____

Address: _____
(where statement is mailed)

City, State and Zip: _____

Phone Number: _____ Fax or alternate number: _____

Guest Information:

Guest Name: _____

Company: _____

Phone number: _____ Fax or alternate number: _____

Confirmation Number: _____

Arrival date: _____ Departure date: _____

Relation to cardholder Relative Friend Business Associate Other

Rate Information

Room Rate* _____ Taxes* _____ Total daily rate* _____ Number of nights _____

I certify that all information is complete and accurate. I hereby authorize COUNTRY INN & SUITES to collect payment as indicated in the Rate Information section of this form by processing a charge to the credit card listed above. Charges must not exceed _____ for the entire stay/event. I understand that a new form will have to be completed if guest wishes to extend his/her stay. I certify that I am the authorized signer of the credit card listed above. I understand that if the hotel is unable to obtain approval on above mentioned card, that the hotel will require an alternate form of payment.

Cardholder Name : (printed) _____

Cardholder Signature: _____