

Country Inn & Suites 199 Tunnel Rd Asheville NC 28805
Phone: 828 254 4311 - Fax: 828 258 3970

PRE-APPROVED CREDIT AUTHORIZATION FOR ROOM RESERVATIONS

I Authorize that this credit card be used for payment for the following guest:

(Name/Confirmation #) _____

If you have additional reservations you wish to pay for please attach to on a separate piece of paper

All Charges: _____ Room & Tax only: _____ Incidentals only: _____

Number of nights you're paying for: _____

If the guest needs to extend their stay: I will pay for any and all extra nights ___ OR guest must pay on own for any extra nights over the number of nights I've agreed to pay ___

Please note the person staying in the room MUST provide a Credit card for incidentals UNLESS you are willing to be responsible for all charges and if ANYONE smokes in the building or brings a pet into the building at ANY time there will be a minimum fine of \$250 which will be applied to this Credit card if an alternative one cannot be provided. **YOU MUST INITIAL YOUR AGREEMENT HERE FOR THIS FORM TO BE VALID _____ **

TYPE OF CARD CARD NUMBER EXPIRATION

___ MC/Visa _____

___ Am. Express _____

___ Discover _____

___ Diners _____

Name: _____

(Please print name as it appears on your credit card)

Signature: _____

Date: _____

Home Address: _____

Email Address: _____

For Hotel Use Only

Amount Authorized: _____ Approval Code: _____ Date: _____

THE FOLLOWING MUST BE DONE FOR THIS FORM TO BE VALID Please complete and fax to hotel along with a copy of credit card (front and back) & Copy of Card holders drivers license Attention: Director of Sales Thank You