



**Credit Card Authorization Form**  
**Country Inn & Suites by Carlson, Dothan, AL**

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 & SUTIES Dothan, AL at (334) 479-8901. If there are any questions, please contact us at (334) 479-8900. 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      \_\_\_ MC      \_\_\_ Amex      \_\_\_ Discover

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 Dothan, AL 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:**

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