

Country Inn & Suites-Cuyahoga Falls 1420 Main St. Cuyahoga Falls, OH 44221 Tel. 330-926-1233 Fax. 330-926-1218

GUEST NAMES	CONF#	# NIGHTS	ARRIVAL DATE	DEPARTURE DATE	ROOM RATE

This form is to be completed by the card holder to authorize the hotel to charge the card holder for the charges specified above.

****Please include along with this form; a copy of the cardholders ID and a copy of the front and back copy of the credit card. We must have this to accept the authorization. Please call us with any question. 330-926-1233****

The following guest charges may be billed to the card member account: (initial card members choice)

<input type="checkbox"/> Room and Tax Only*
<input type="checkbox"/> Room, Tax, and Incidentals

*****By checking Room and Tax Only, the guest will be required to present a credit card or a \$50 refundable cash deposit for there own incidentals, at check-in time.**

Date form completed:	
Card Member Name	
Card Member Address:	
Card Member Phone Number:	Card Member Fax Number:
Credit Card Account Number:	Expiration Date:
Print Name As It Appears on Credit Card: _____	
Card Member Signature: _____ Date Signed: _____	

****Cancellation Policy: The reservation(s) listed above must be cancelled by 6pm the day of arrival. If the reservation(s) is not cancelled the card member will be charged for the first night of the reservation, and remaining nights will be released. CARD MEMBER INITIALS: _____**