

Country Inn & Suites  
199 Tunnel Rd  
Asheville NC 28805



828 254 4311 PHONE  
828 258 3970 FAX

### PRE-APPROVED CREDIT AUTHORIZATION FOR ROOM RESERVATIONS

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

<b>Name</b>	<b>Confirmation Number</b>
_____	_____
_____	_____
_____	_____

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 AGGREMENT 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:** \_\_\_\_\_

#### For Hotel Use Only

Amount Authorized: _____ Approval Code: _____ Date: _____
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#### 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