

COUNTRY INN & SUITES AUSTIN NORTH

7400 N Interstate 35

Austin, Texas 78752

P: 512-380-0008

F: 512-380-0046

CREDIT CARD AUTHORIZATION RELEASE FORM

Date: \_\_\_\_\_

To: COUNTRY INN & SUITES

7400 N Interstate 35

Austin, Texas 78752

Phone: 512-380-0008

Fax: 512-380-0046

From: Card Holder's Name: \_\_\_\_\_

Credit Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

I AUTHORIZE THE COUNTRY INN & SUITES, (7400 N INTERSTATE 35)  
TO CHARGE MY CREDIT FOR \_\_\_\_\_ (GUESTS NAME) STAY, MY  
GUEST WILL BE ARRIVING ON \_\_\_\_\_ AND DEPARTING ON  
\_\_\_\_\_.

I WILL BE RESPONSIBLE FOR THE FOLLOWING CHARGES.  
(PLEASE PLACE AN "X" WHERE INDICATED).

\_\_\_\_\_ ROOM & TAX ONLY

\_\_\_\_\_ ALL CHARGES

\_\_\_\_\_ MEETING ROOM, TAX & GRATUITY CHARGES ONLY

\_\_\_\_\_ ALL MEETING ROOM CHARGES

\_\_\_\_\_ OTHER

PLEASE SPECIFY OTHER: \_\_\_\_\_

IF ANY PROBLEMS SHOULD ARISE PLEASE CONTACT ME AT THIS PHONE NUMBER:

( ) \_\_\_\_\_.

CARD HOLDER'S SIGNATURE: \_\_\_\_\_

**THIS FORM MUST BE ACCOMPANIED BY A COPY OF THE FRONT AND BACK OF THE CREDIT CARD.**

MANAGERS AUTHORIZATION SIGNATURE: \_\_\_\_\_