

Country Inn & Suites- Northlake

2081 Northlake Pkwy

Tucker, Georgia 30084 USA

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### Credit Card Authorization Form

I, \_\_\_\_\_, agree to pay\_\_ All Incurred Charges  
\_\_\_\_\_Room & Tax Charges Only

Name of the Guest: \_\_\_\_\_

Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name on the Credit Card: \_\_\_\_\_

Would you like the guest to receive a copy of the bill upon check-out? Yes No

### Credit Card Billing Address

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Fax # Where You Would Like Us to Send a Copy of the Bill** Yes No

Fax # \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Additional Comments

\_\_\_\_\_  
\_\_\_\_\_

**Signature of Card Holder** X \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\* Please include a LEGIBLE photocopy of the front & back of the Credit Card\*\*\***  
**\*\*\*Include a copy of a valid State ID such as a driver's license\*\*\***