



*Be Our Guest.*

Country Inn & Suites By Carlson  
1160 W Devon Ave  
Elk Grove Village, IL 60007  
Phone: 847.985.0101 Fax: 847.985.0202

**Credit Card Authorization Form**

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

Name of Guest: \_\_\_\_\_  
Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_

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

Name of Cardholder: \_\_\_\_\_

**Credit Card Bill Address**

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Would you like us to send you a copy of the bill:  
\_\_\_\_\_ Yes \_\_\_\_\_ No

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

**Or**

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

**Additional Comments or Request**

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

\_\_\_\_\_  
Signature of Card Holder

\_\_\_\_\_  
Date

\*\*\*Please include a copy of the front and back of the Credit Card\*\*\*\*