

Country Inn & Suites By Carlson, Schaumburg
1401 N. Roselle Rd.
Schaumburg, IL 60195
Phone: (847) 839-1010 Fax: (847) 839-1212
www.countryinns.com/schaumburgil_south

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: _____

Address or Fax # Where You Would Like Us to Send a Copy of the Bill

Would you like us to send you a copy of the bill:

_____ Yes _____ No

Street Address: _____

City: _____ State: _____ Zip: _____

Additional Comments

Signature of Card Holder

X _____ Date: _____

****If possible, please include a photo copy of the front and back of the credit card****