

PRE-APPROVED CREDIT AUTHORIZATION FOR MEETINGS

COMPANY: _____

FUNCTION: _____

DATES: _____

_____ Please apply \$_____ deposit to the following card.

_____ The following credit card is to guarantee all charges for the meeting function above. If payment is not made upon conclusion of the event, I understand this card will be charged and billed accordingly.

_____ The following credit card will guarantee payment in full. We will obtain approval for the estimated charges within 72 hours of your event. The actual charge to your credit card will not be posted until the conclusion of your function and/or once your charges have been audited and confirmed.

If payment for all charges is not received within 30 days from the date on the billing statement, the charges will be applied to the credit card listed below.

TYPE OF CARD	CARD NUMBER	EXPIRATION
_____ MC/Visa	_____	_____
_____ Am. Express	_____	_____
_____ Discover	_____	_____
_____ Diners	_____	_____
_____ Other	_____	_____

Name: _____
(Please print name as it appears on your credit card)

Signature: _____

Date: _____

Amount Authorized: _____ Approval Code: _____ Date: _____

Country Inn & Suites
105 Alex Lane
Charleston WV 25304

304 925 4300 PHONE
304 925 1500 FAX

**PRE-APPROVED CREDIT AUTHORIZATION
FOR ROOM RESERVATIONS**

I authorize that this credit card be used for payment for the following guest's:

Name

Confirmation Number

_____	_____
_____	_____
_____	_____
_____	_____

All Charges: _____ Room & Tax: _____ Incidentals: _____

TYPE OF CARD

CARD NUMBER

EXPIRATION

___ MC/Visa	_____	_____
___ Am. Express	_____	_____
___ Discover	_____	_____
___ Diners	_____	_____
___ Other	_____	_____

Name:

(Please print name as it appears on your credit card)

Signature:

Date:

Amount Authorized: _____ Approval Code: _____ Date: _____

Please complete and fax back along with a copy of credit card (front and back)
Thank-You

Country Inn & Suites
105 Alex Lane
Charleston WV 25304

304 925 4300 PHONE
304 925 1500 FAX

**PRE-APPROVED CREDIT AUTHORIZATION
FOR GROUP GUEST ROOMS**

COMPANY: _____

FUNCTION: _____

DATES: _____

____ I authorize this card to be used as payment for guest rooms listed below:

Name	Confirmation Number	Arrival Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

All Charges: _____ Room & Tax: _____ Incidentals: _____

TYPE OF CARD	CARD NUMBER	EXPIRATION
___ MC/Visa	_____	_____
___ Am. Express	_____	_____
___ Discover	_____	_____
___ Diners	_____	_____
___ Other	_____	_____

Name: _____
(Please print name as it appears on your credit card)

Signature: _____

Date: _____

Amount Authorized: _____ Approval Code: _____ Date: _____

**Please complete and fax back along with a copy of credit card (front and back)
Thank-You**