



Country Inn & Suites By Carlson New Orleans Airport
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Authorization To Charge The Credit Card/Debit Card/Direct Bill Account

By duly signing this document below; I am authorizing Country Inn & Suites By Carlson New Orleans Airport to charge my account. I fully understand the cancellation policy of the hotel. In the event that I fail to cancel the confirm reservation within the time permitted by the cancellation policy of the hotel and obtain a cancellation number, I understand that no show charges will be billed to my account. I agree that my liability for any charges charged to my account will not be waived.

Name of the Guest or Meeting	Arrival date	Departure Date	Confirmation No.	Special request

Authorized For : ☐ Deposit ☐ Room & tax ☐ All Charges ☐ Meeting Only

Bill To Account : ☐ AX ☐ VI ☐ MC ☐ DS ☐ DC ☐ Direct Bill

Account No. _____ **Exp. Date** _____

Account Name: _____

Billing Address: _____

Note: Please send the copy of card holder's driver license and front and back of the credit card

Signature of Card Holder