



CREDIT CARD AUTHORIZATION FORM

2070 North State St., Greenfield, IN 46140 Tel: 317-467-0999 Fax: 317-467-4730 Email: FDCISGFIN@gmail.com

This document serves as a credit card authorization for a reservation or a group reservation with **Country Inn & Suites of Greenfield, Indiana**. By signing this form, I authorize **Country Inn & Suites of Greenfield, Indiana** to charge my credit card for the dates shown below. I also authorize to charge my credit card in case of no show.

Please make a clear **photocopy of front and back of your credit card, along with a copy of a valid state photo ID** and email it to FDCISGFIN@gmail.com with this form or mail it to us in a timely manner to guarantee your reservation. Guest will not be permitted to check-in without prior authorization of this form, unless other form of payment is provided by the guest or paid in cash at the time of check-in.

NOTICE: State of Indiana prohibits smoking in hotel rooms and common public area. If a guest smokes in a room or public area, there will be a \$250 service fee, which will be charged to the credit card given below. I also authorized to charge my credit card for any incidental charges.

I, _____ authorize **Country Inn & Suites of Greenfield, Indiana** to charge my credit card for **incidental charges** for the guest stay for the dates shown below.

Arrival date: ____/____/20____ Departure Date: ____/____/20____

No of Rooms: _____ No of Guest: _____

Guest's First/Last Name: _____

Company's Name: _____

Address: _____

City / State: _____ / _____ Zip: _____

Phone #: (_____) _____ - _____ Email: _____@_____. _____

Credit Card #: _____ - _____ - _____ - _____ Expiry Date: ____ / ____ / 20____ CCV #: _____

Credit Card Holder's Name: _____

Credit Card Holder's Signature: _____ Date: ____/____/20____

Cancellation: Our cancellation policy changes during special occasions and events in the area. Please contact the hotel for cancellation policy for your reservation. Our regular cancellation policy is 24 hours in advance.