

Country Inn & Suites St Paul East
6003 Hudson Road
Woodbury, MN 55125
(651) 739-7300
Fax: (651) 731-4007



Credit Card Authorization Form

Guest Name: _____

Arrival and Departure Dates: _____

Check all that apply:

Room and Tax ONLY
(Guest MUST provide a Credit Card at the time of Check-in for incidentals)

Room, Tax and Incidental Charges
(This option will prevent guest from providing a Credit Card at the time of Check-in)

Following Charges ONLY: _____

Credit Card Type: _____ Credit Card #: _____
(Visa, Mastercard, Discover or American Express)

Expiration Date: _____

Name on Card: _____
Print Name Exactly as it Appears on Card

Contact Name: _____
If Different than Name on Card

Billing Address: _____

Company Name: _____
If Applicable

City, State, Zip: _____

Phone: _____

Email: _____

Signature: _____

Today's Date: _____

I warrant and represent that I am authorized to agree that charges for this event are posted to the credit card

I irrevocably authorize the use of this credit card to be used for the above services at the Country Inn & Suites by Carlson St. Paul East, 6003 Hudson Road, Woodbury, MN 55125.

Fax to (651) 731-4007