



17260 Rankin Avenue Dunlap, TN 37327

Phone (423) 949-2184

Email: mountaininnandsuites2005@gmail.com

CREDIT CARD AUTHORIZATION

Must send a photocopy, identification and credit card front/back copy of cardholder.

Date: _____

I, _____ give authorization to the MOUNTAIN INN & SUITES Located in Dunlap, TN, to charge my credit card to pay for Room.

Check-in: _____ Check out: _____ Confirmation Number: _____

Guest Name: _____

Cardholder Name/Company Name: _____

Credit card billing address/cell phone number: _____

Type of card: _____

Card number : _____ Expiration date: _____

CID (Card identifier 3-digit number located on the back of your credit card, _____
AMEX cards display a 4-digit number on the front, located directly above the account number.

There will be an additional charge of \$200.00 for smoking in a non-smoking room, any missing items or damages to the room by the guest will result in a minimum charge of \$150.00.

Cancellation Policy: 24 hours prior to arrival

Cardholder drivers license No: _____

Cardholder signature _____