



CREDIT CARD FORM

I, _____ (first & last name), with ID. number _____ (drivers license or passport No. and nationality) authorize the Country Inn & Suites hotel – Panama Canal (Amador) to perform the following charges (*please check the following*):

- | <u>Yes</u> | <u>No</u> | |
|--------------------------|--------------------------|-----------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Room charge and 10% tax |
| <input type="checkbox"/> | <input type="checkbox"/> | Food |
| <input type="checkbox"/> | <input type="checkbox"/> | Phone calls |
| <input type="checkbox"/> | <input type="checkbox"/> | Laundry Services |
| <input type="checkbox"/> | <input type="checkbox"/> | High speed Internet Service |
| <input type="checkbox"/> | <input type="checkbox"/> | All charges. |

To be incurred by: Name _____
Id. No. _____
(drivers licence or passport No. and nationality)

Date of reserve: Of: _____ (mm/dd/yy)
To: _____ (mm/dd/yy)
(INCLUSIVE)

To my credit card: Visa Master Card
 Diners Club Amex

Number of credit card: _____
With expiration date: _____
And security code: _____
The 3 digits on the back of your card
by your signature.

**I attach a copy of my credit card (back and forth)
with this signed authorization.**

Sincerely,

Signature

(Please send by fax at (507) 302-5426 Many thanks!)

Country Inn & Suites Panama Canal
Amador Blvd Transversal B
Tel 507-211-4500
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www.countryinns.com/panamacanalpan
Toll-free reservations 00-800-052-0103