



Credit Card Authorization

I _____, authorize The Suites Hotel to charge my _____
(Card Type)

Account number _____ Expiration Date _____

For the total of **ROOM & TAX** only \$ _____ or **ALL CHARGES** _____
(Please choose one option)

For the Stay of _____ Confirmation number _____
(Print Guest Name)

For the Arrival Date of _____.

Any questions please contact me at _____.
(Cardholder's Daytime Phone Number)

(Cardholder's Signature)

(Date)

***Please include a copy of:**

- **Cardholder's Drivers License (Front & Back)**
- **Credit Card (Front & Back)**

WE LOOK FORWARD TO BEING YOUR HOST!

325 Lake Ave South * Duluth, MN 55802
Phone: 2218.727.4663 * 800.794.1716 * Fax: 218.722.0572