



**Radisson Hotel New Orleans Airport**

1501 Veterans Memorial Blvd

Kenner LA 70062

Tel: (504) 305 6800 \* Fax: (504) 443 4343

Email: [gm@neworleansradisson.com](mailto:gm@neworleansradisson.com)

**Authorization to charge Credit Card/Debit Card or Direct Bill Account**

By signing this document below, I am authorizing Country Inn & Suites By Carlson to charge my account. I also acknowledge the and fully understood the cancellation policies of the hotel. In the event that I fail to cancel the reservation and obtain the cancellation number within the permitted time, I am fully responsible for the charges. In case of no show; full amount will be charged to my account. I agree that I will not wave my liability for any of these charges.

Name of the Guest	Arrival Date	Departure Date	Confirmation Number

Authorization for: Deposit:  Room &Tax:  Food & Beverages:  All Charges:

Card: VISA  Master Card  Discover  American Express  DB Account:

Credit Card No. \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name of Card Holder: \_\_\_\_\_

Billing Address: \_\_\_\_\_

\_\_\_\_\_

**Note: You must fax or email this form along with the legible copy of front and back of credit card &/or the copy of the account holder's driver license.**

Signature of Account Holder: \_\_\_\_\_ Date Signed: \_\_\_\_\_