



South Country Inn - Cardston
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Credit Authorization Application

Company Name: _____

Contact Name: _____

Address: _____

Phone #: _____

Fax #: _____

Email Address _____

Credit Card #: _____
(required)

Expiration Date_____/_____/_____ Card: Visa / MC / Amex

Authorized Signature:_____

Example of an Employee ID # _____(if applicable)

Office Use Only – please do not fill out below

Received on _____ Approved:_____

Entered into System:_____

AR Number _____

Credit Limit:_____

Staff Signature:_____

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authorization application.docx