

INN AT
Carnall Hall

465 Arkansas Ave.

Fayetteville, AR 72701

P: 479-582-0400 | F: 479-582-0401

Credit Card Authorization Form

Credit Card to pay for: _____
(Name of person, confirmation numbers, group or function)

Dates to be paid: _____

I, _____ acknowledge that all applicable charges for the named above are to be paid upon conclusion of their function and/or stay with the Inn at Carnall Hall. In the event that the Inn at Carnall Hall does not receive payment upon conclusion. I authorize my credit card to be charged for the balance owed.

My credit card is authorized for the following:
(Please check applicable)

- Room and Tax Only
- Banquet Charges Only
- Room, Tax and Incidentals
- All Charges
- Room Incidentals Only

Credit Card Type:

- American Express
- Visa
- MasterCard
- Discover

Credit Card Number: _____

Expiration Date: _____

Signature of Card Holder: _____ Date: _____