



**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