



Credit Card Authorization

Property: _____

Mail address: PO Box 2731, Bryson City, NC 28713 **Email:** Rentals@4Smokys.com
Phone #: 828-488-4630 **Toll Free #:** 800-655-9771 **Fax #:** 877-755-4408

Please complete the following:

Number of nights		Check In Date		Check Out Date	
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Please note Check-In is at 3pm or after, Check-Out is at 10am or earlier:

Total Adults		Children		Pets (only in certain cabins)	
Name on Card					
Number on Card					
Expiration Date		CVV Number (Last 3 digits on back of card)			
Your Address (that CC bill is sent to)					
City State Zip					
Driver's License Number				Issuing State	
Phone Numbers	Home		Cell		
Email Address					

Rental Fee		Base Rent for rental period
+ Extra Fees		Fees for extra persons/pets
= Full Rent		(Total of Base Rent & plus Fees)
+ 9.75 % Tax		NC State & County Tourist Tax
= Total Rent		(Full Rent + Tax)
- Paid today		50% of total due at time of booking
= Balance Due		Due 30 days prior to rental date
Date:		(hand written signature not required) Signature: _____

Please mail or fax this form, or call us with the information for immediate approval.

We look forward to your visit. We hope you will enjoy your stay at Great Smokys Cabin Rentals !!

If there are any special requests, please let us know so we can help make your stay memorable.