



Christopher Gerrib
United States

Room No. : 445
Arrival : 01-18-19
Departure : 01-19-19
Page No. : 1 of 1
Folio No. :
Conf. No. : 55667192
Cashier No. : 2873

INFORMATION INVOICE

Membership No. :
A/R Number :
Group Code :
Company Name :

01-19-19 02:25:17 AM EST

| Date | Text | Charges | Credits |
|----------------|-----------------------|---------------|---------------|
| 01-18-19 | Room | 115.90 | |
| 01-18-19 | State Tax 8% | 9.27 | |
| 01-18-19 | Occupancy Tax | 9.27 | |
| 01-18-19 | State Hotel-Motel Fee | 5.00 | |
| 01-19-19 | VISA | | 139.44 |
| Total | | 139.44 | 139.44 |
| Balance | | | 0.00 |

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Thank You For Staying With Us

I agree that my liability for this bill is not waived and agree to be held personally responsible in the event that the indicated person, company or association fails to pay for any portion or the full amount of these charges.

Guest Signature _____

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Email: cx_atps@countryinn.com