



## **Third Party Credit Card Authorization**

This form is designed to allow the use of your credit card for third party billing. In order to ensure processing all fields are mandatory. Please complete in full, follow any instructions and return by fax to (604) 254-7154.

In supplying your credit card for accommodation you are acknowledging financial responsibility for incidentals including, but not limited to room damages.

Accompanying this completed document you **must include** a legible photocopy of:

- Front of credit card
- Back of credit card
- Valid ID including 1 of the following: drivers license, passport, provincial/state id

### **Card Holder Information:**

First and last name: \_\_\_\_\_

Name on card: \_\_\_\_\_

Billing address: \_\_\_\_\_

\_\_\_\_\_

Contact number: (\_\_\_\_) \_\_\_\_\_

Credit card number: \_\_\_\_\_ Expiry: \_\_\_\_ / \_\_\_\_

Accepted cards include: Visa, MasterCard, American Express, Discover, Diners.

### **Guest Information:**

First and last name: \_\_\_\_\_

Arrival date: \_\_\_\_\_

Departure date: \_\_\_\_\_

Relation to card holder: \_\_\_\_\_

### **This transaction is for:**

Business: ☐

Pleasure: ☐

Both: ☐

### **Upon guest check out please:**

☐ Give guest copy of folio

☐ Fax me copy of folio to (\_\_\_\_) \_\_\_\_\_

☐ No folio needed

Date: \_\_\_\_\_ Signature of cardholder: \_\_\_\_\_