

**THIRD PARTY
CREDIT CARD AUTHORIZATION**



I hereby authorize CLEARWATER SUITE HOTEL & SPA to charge to my credit card the following:

- Room & Tax Incidental charges only
 Room, Tax & Incidentals Other charges (please specify): _____

This authorization is for the following (please choose):

- The below-named guest(s) only:
Guest Name(s): _____ Dates of Stay: _____

- ALL guests booked by:
Company/Group Name: _____ Dates of Stay _____

Below are my credit card details:

Card Holder: _____ Company: _____
Credit Card #: _____ Expiration Date: _____
Billing Address: _____
City: _____ Province: _____ Postal Code: _____
Email: _____ Phone: _____

Keep Authorization on File for Future Reservations? Yes or No

Please indicate how you would like to have a copy of the bill sent to you upon check-out:

- Give to Guest Fax _____ Email _____

I understand that my credit card will be charged should the guest not provide their own credit card upon check-in or cause damages to hotel property. If the guest does not arrive, the credit card will be used to charge a No-SHOW fee equal to one night's room and tax. All reservations are made to comply with 24 hour cancellation policy. Failure to provide cancellation notice on or before 3 pm the day prior to arrival will result in a charge equal to one night's room and tax. In addition, for all of the items un-checked above, your guest will be required to provide their own credit card to pay for the services.

Card Holder Signature: _____ Date: _____

***By submitting this form, I certify that I am the authorized signer of the credit card listed above.**

Send completed form by fax to (780) 799 4501 prior to guest arrival. Thank you.

