



CREDIT CARD AUTHORIZATION FORM

For reservations that are being paid for by a third party credit card, the hotel will process the credit card upon check-out as per instructions given below. Please fill in this form, select one of the options given below and fax/email it all back to the hotel (see fax # below) prior to the guest's arrival.

RESERVATION INFORMATION:

Guest name _____ Reservation number _____
 Date of arrival _____ # of Nights _____ Nightly rate _____

CREDIT CARD INFORMATION (Please attach a clear photocopy of front and back of the credit card & Photo ID of Cardholder)

Name of cardholder: _____
 Credit card number: _____ Exp. Date _____ CVC _____

*******PLEASE READ CAREFULLY AND INDICATE WHICH CHARGES ARE TO BE APPLIED TO*****

THE CREDIT CARD PROVIDED (select one):

Daily room rate and applicable taxes only. The total amount of room rate and taxes will at the time of check-out. We do require a credit card upon check in from the actual guest for incidental purposes.

All charges including room rate, incidentals charges and applicable taxes. The room and tax and incidental charges will be charged at check-out.

To guarantee arrival only - We do require a credit card upon check-in from the actual guest. (Please note that in the case of a no-show or cancellation made after 4pm on the day prior to arrival, charges equal to one night room rate and applicable taxes will be charged to your credit card).

PLEASE PROVIDE YOUR CONTACT INFORMATION:

First & last name _____
 Mailing address _____
 City, province, postal code _____
 Home or business phone _____ Fax # _____
 Email Address _____

Please send me a final copy of the charges by fax _____ or by E-mail _____

By signing this form, I, _____ hereby acknowledge that I am the cardholder and that I authorize The Castle at Swan Lake to apply the charges as indicated to the above credit card.

Cardholder's Signature _____ Date _____