



CAMPUS TOWER SUITE HOTEL

*Live. Like. Home.*

## CREDIT CARD AUTHORIZATION FORM

### Guest Information

Name: \_\_\_\_\_ Reservation #: \_\_\_\_\_

Date of Arrival: \_\_\_\_\_ Date of Departure: \_\_\_\_\_

### Card Holder Information

Credit Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Name on the Card: \_\_\_\_\_

Signature of Card Holder: \_\_\_\_\_ Date: \_\_\_\_\_

### Items to be charged to the credit card:

Room & Tax: \_\_\_\_\_ Room, Tax & Deposit: \_\_\_\_\_ Deposit Only: \_\_\_\_\_ All Charges: \_\_\_\_\_

Phone: \_\_\_\_\_ Parking: \_\_\_\_\_ Movies: \_\_\_\_\_ Cot: \_\_\_\_\_ Extra Adult(s): \_\_\_\_\_ All Incidentals: \_\_\_\_\_

### Additional Names of Guests to use the Credit Card for Above Indicated Charges

Name 2: \_\_\_\_\_

Name 3: \_\_\_\_\_

### Person(s) to Contact

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Arrival: \_\_\_\_\_ Province/State: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

Company Name if Applicable: \_\_\_\_\_

***Please include a photocopy of both sides of the Credit Card clearly indicating the number, cardholder's name and signature.***

If covered by this form, an incidental/damage deposit of \$250.00 will be held through pre-authorization on the above credit card. The deposit may be refunded based on condition of room and incidental charges on account at check out.

**If the deposit is not covered by this authorization form, the guest must provide their own deposit.**

Fax or email this form to Front Desk @ 1-780-433-4410 or [actinfo@coasthotels.com](mailto:actinfo@coasthotels.com) Attn: Front Desk  
www.campustower.com