

# Hotel DeOro

639 Main Street , Box 70, Lillooet, B.C., V0K1V0K, Canada. [Tel: 1-250-256-2355](tel:1-250-256-2355)

E-Mail: [info@hoteldeoro.com](mailto:info@hoteldeoro.com)

FAX: 1-250-256-2255

Reservation # :

## Third party Payment Authorization Form

- Guest Name: \_\_\_\_\_
- Arrival Date: \_\_\_\_\_ • Departure Date: \_\_\_\_\_
- ✓ Charge: Room only  Full Account
- ✓ Credit Card Type:  VISA  MASTER  AMEX

Credit Card # : \_\_\_\_\_ Expiry Date : \_\_\_\_\_

Card Holder Name & Company: \_\_\_\_\_

Card Holder Address: \_\_\_\_\_

Card holder Telephone: \_\_\_\_\_

I authorize Hotel DeOro to debit my account with charges specified above

Date :

Signature : \_\_\_\_\_

Hotel  
DeOro

Please fill this form in, sign it and scan file to e-mail

[info@hoteldeoro.com](mailto:info@hoteldeoro.com) or

Fax to 1-250-256-2255 as soon as we receive this form, we will formally confirm your booking.

\*Room Type: \_\_\_\_\_ Rate/night: \_\_\_\_\_ Number of  
room: \_\_\_\_\_