

HOTEL DEORO

Reference: _____

639 Main Street , Box 70, Lillooet, B.C., V0K1V0, Canada

Tel: 250-256-2355 Toll free fax: 1-888-256-9948

E-Mail: info@hoteldeoro.com Web: www.hoteldeoro.com / www.deorocoffeelounge.com

Third party Payment Authorization Form

- **Guest Name:** _____
- **Arrival Date:** _____
- **Departure Date:** _____
- ✓ **Charge :** Room only Lunch pack(lounge) **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:** _____

PHOTO COPY OF FRONT OF CARD



PHOTO COPY OF BACK OF CARD



Hotel
DeOro

Please fill this form in, sign it and **fax it (1-888-256-9948)** together with a photocopy of the credit card you want to use for payment. As soon as we receive this form, we will formally confirm your booking.

***Room Type:** _____ **Rate/night:** _____ **Number of room:** _____