

# Hotel DeOro

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

Tel:250-256-2355 Toll free fax: 1-888-256-9948 or scan file to

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

Reservation # :

## Third party Payment Authorization Form

• Guest Name: \_\_\_\_\_

• Arrival Date: \_\_\_\_\_ • Departure Date: \_\_\_\_\_

✓ Charge: Room only  Full Account

✓ Credit Card Type:  VISA  MASTER  AMEX

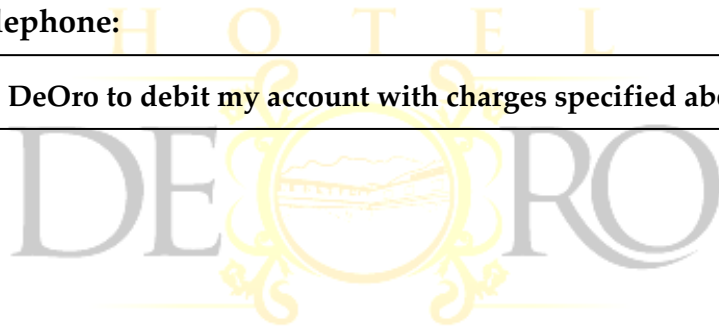
Credit Card # : \_\_\_\_\_ Expiry Date : \_\_\_\_\_

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

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

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

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



Date :

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

|                    |  |
|--------------------|--|
| <b>Hotel DeOro</b> | <p>Pleas fill this form in, sign it and fax it (1-888-256-9948) or scan file to e-mail ( <a href="mailto:info@hoteldeoro.com">info@hoteldeoro.com</a> ) As soon as we receive this form , we will formally confirm your booking.</p> <p><b>*Room Type:</b> _____ <b>Rate/night:</b> _____ <b>Number of room:</b> _____</p> |
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