

HOTEL DEORO

Distinguished Friendly Service & Comfort !
639 Main Street , Box 70,Lillooet,B.C.,V0K1V0.Canada

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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 authorise 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 to the number above 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. ** Ref. # of Room: _____ Room Type: _____ Rate/night: _____