

THIRD PARTY CREDIT CARD AUTHORIZATION



BEST WESTERN
Bonnyville Inn & Suites

5401 43rd Street, Box 4988
Bonnyville, AB T9N 0H3
(780) 826-6226
Fax (780) 826-6270
bestwesternbonnyville.com

This is to certify that I, _____,
authorize the BEST WESTERN Bonnyville Inn & Suites to charge
my credit card for the following:

Guest name(s)/Confirmation Numbers: _____

Date(s) of Stay: _____

Please indicate which charges will be accepted:

Room & Tax Long Distance Calls In-Room Movies Other: _____

Company Information: (if applicable)

Company Name: _____

Name: _____ Title: _____

Address: _____

City: _____ Province/State: _____

Phone: _____ Fax: _____

Credit Card Holder Information:

Name (please print): _____

Address: _____

City: _____ Province/State: _____

Phone: _____ Fax: _____

Name of Card: _____

Credit Card Number: _____ Expiry: _____

Credit Card Holder Signature: _____ Date: _____

Please complete all applicable information and include a **clear** photocopy of the front and back of the credit card and return to the BEST WESTERN Bonnyville Inn & Suites by fax at 780-826-6270 or by email to frontdesk@bestwesternbonnyville.com.