



INTERNATIONAL HOTEL  
S U I T E S C A L G A R Y

**CREDIT CARD AUTHORIZATION FORM**

For reservations that are being paid for by a third party credit card, the hotel will process the credit card upon check-out as per instructions given below. Please contact our Accounting department or Manager on Duty at 403-265-9600 prior to the guest's arrival for additional details. Please fill in this form, select one of the options given below and fax it all back to the hotel (see fax # below) prior to the guest's arrival.

**RESERVATION INFORMATION:**

Guest name \_\_\_\_\_ Reservation number \_\_\_\_\_  
Date of arrival \_\_\_\_\_ # of Nights \_\_\_\_\_ Nightly rate \_\_\_\_\_

**CREDIT CARD INFORMATION** (Please attach a clear photocopy of front and back of the above credit card)

Name of cardholder: \_\_\_\_\_  
Credit card number: \_\_\_\_\_ Exp. Date \_\_\_\_\_ CVC \_\_\_\_\_

**PLEASE READ CAREFULLY AND INDICATE WHICH CHARGES ARE TO BE APPLIED TO\*\*\*  
THE CREDIT CARD PROVIDED (select one):**

- Daily room rate and applicable taxes only. The total amount of room rate and taxes will be at the time of check-out. We do require a credit card upon check in from the actual guest for deposit purposes.
- All charges including room rate, incidentals charges and applicable taxes. The room and tax and incidental charges will be charged at check-out.
- To guarantee arrival only - We do require a credit card upon check-in from the actual guest. (Please note that in the case of a no-show or cancellation made after 4pm on the day of arrival, charges equal to one night room rate and applicable taxes will be charged to your credit card).
- Other (please specify) \_\_\_\_\_

**PLEASE PROVIDE YOUR CONTACT INFORMATION:**

First & last name \_\_\_\_\_  
Mailing address \_\_\_\_\_  
City, province, postal code \_\_\_\_\_  
Home or business phone \_\_\_\_\_ Fax # \_\_\_\_\_  
Please send me a final copy of the charges by fax \_\_\_\_\_ or by regular mail \_\_\_\_\_

By signing this form, I, \_\_\_\_\_ hereby acknowledge that I am the cardholder and that I authorize The International Hotel of Calgary to apply the charges as indicated to the above credit card.

Cardholder's Signature \_\_\_\_\_ Date \_\_\_\_\_

Please attach a clear photocopy of the front and back of the above credit card and send back to \_\_\_\_\_