



CAMPUS TOWER SUITE HOTEL

Live. Like. Home.

CREDIT CARD AUTHORIZATION FORM

Guest Information

Name: _____ Reservation #: _____

Date of Arrival: _____ Date of Departure: _____

Card Holder Information

Credit Card Number: _____ Expiry Date: _____

Name on the Card: _____

Signature of Card Holder: _____ Date: _____

Items to be charged to the credit card:

Room & Tax: _____ Room, Tax & Deposit: _____ Deposit Only: _____ All Charges: _____

Phone: _____ Parking: _____ Movies: _____ Cot: _____ Extra Adult(s): _____ All Incidentals: _____

Additional Names of Guests to use the Credit Card for Above Indicated Charges

Name 2: _____

Name 3: _____

Person(s) to Contact

Name: _____ Phone #: _____

Address: _____

Date of Arrival: _____ Province/State: _____ Postal/Zip Code: _____

Company Name if Applicable: _____

Please include a photocopy of both sides of the Credit Card clearly indicating the number, cardholder's name and signature.

Please advise your guest/client if you are not covering the room deposit or incidentals that they will asked for a deposit upon arrival. This is a \$250 refundable cash deposit or a \$250 authorization of their credit card.

Email this form to Sherri Schurer at s.schurer@coasthotels.com Attn: Sales

www.campustower.com