

Credit Card Authorization Form

Please complete and print this Authorization Form and return via fax to **our manager** at 403.823.7700, or email to gm@canaltajurassic.com All information will remain confidential.

Cardholder Name: _____

Billing Address: _____

Phone Number: _____

Fax Number: _____

Credit Card Type: Visa Mastercard American Express Other (specify) _____

Credit Card Number: _____

Expiration Date: _____ / _____

Rate Information & Approved Charges

Guest's Name: _____

Confirmation Number: _____

Amount to Charge: _____

All Charges Room & Taxes Meeting Room Phone Other (specify) _____

Being the cardholder or Corporate Officer, by signing below I understand and agree to the terms set forth in this agreement, agree to pay, and specifically authorize **Cretaceous Conference Centre** to charge to my credit card for the services provided. I further agree that in the event my credit card becomes invalid, I will provide a new valid credit card upon request, to be charged for the payment of any outstanding balances owed. I furthermore confirm that I have received all services and goods to satisfactory conditions.

Signature: _____

Date: _____

Printed Name: _____

If you would like this card kept on file for future purchases, please initial here _____

If you would like a copy of the guest's receipt emailed, faxed or mailed upon checkout, please initial here and provide your preferred method of delivery _____