



**AUTHORIZATION TO BILL TO A 3<sup>RD</sup> PARTY CREDIT CARD**

**Please Print.**

**DATE :** \_\_\_\_\_ **CARDHOLDER NAME :** \_\_\_\_\_

**CARD NUMBER :** \_\_\_\_\_ **EXP :** \_\_\_\_\_

VISA     MC     AMEX     DINERS     DISCOVER     JCB

**ACCOUNT TYPE:**     Individual (personal credit card)

Corporate / Company Name \_\_\_\_\_

**CARD HOLDER'S SIGNATURE :** \_\_\_\_\_

I certify that all information is complete and accurate. I hereby authorize Lake Louise Inn to collect payment for all charges as indicated in the Rate information and Approved Charges section of this form by processing a charge to the credit card listed above. Charges must not exceed \_\_\_\_\_ for the entire stay/event. I understand that a new form will have to be completed if guest wishes to extend his/her stay. I certify that I am the authorized signer of the credit card listed above.

**CARD HOLDER'S MAILING ADDRESS :** \_\_\_\_\_

**CITY :** \_\_\_\_\_ **PROVINCE/STATE :** \_\_\_\_\_ **POSTAL/ZIP CODE :** \_\_\_\_\_

**CARD HOLDER'S TELEPHONE NUMBER :** \_\_\_\_\_ **FAX :** \_\_\_\_\_

**NAME OF GUEST :** \_\_\_\_\_ **RESERV. # :** \_\_\_\_\_

**CHECK IN DATE :** \_\_\_\_\_ **CHECK OUT DATE :** \_\_\_\_\_

**GUEST'S MAILING ADDRESS :** \_\_\_\_\_

**CITY :** \_\_\_\_\_ **PROVINCE/STATE :** \_\_\_\_\_ **POSTAL/ZIP CODE :** \_\_\_\_\_

**GUEST'S TELEPHONE NUMBER :** \_\_\_\_\_

**\* PLEASE NOTE : GUEST WILL BE REQUIRED TO PRESENT AT CHECK-IN A VALID PHOTO ID WITH ADDRESS CORRESPONDING TO INFORMATION GIVEN ABOVE. FAILURE TO DO SO WILL INVALIDATE THIS ARRANGEMENT**

**Charges to be applied :**

- ROOM & TAXES**
  - Will be charged at check out
  
- CONFERENCE FEE \$850.00**
  - Participant Fee
  - Will be charged in full upon returned CC form
  
- IF YOU'RE A STUDENT, PLEASE CHECK THIS BOX**

**If a dollar limit applies, please specify the total amount. Note that the amount is in Canadian Dollars.**