



17544 Hwy #7, RR-4, Perth, Ont, K7H 3C6 Tel; 613-267-3660, Fax: 613-264-2896

Third Party Credit Card Payment Authorization Form

This form serves as a credit card authorization receipt for Colonial House Motor Inn. By signing this document the customer gives full authorization to CHMI to be charged for number of room rented and any other phone charges that may occur to specified credit card that will not be present at time of Check-in. A photo copy of front and back of card is required, with a valid Photo ID of the customer. Please attach the legible copy of credit card, driver licence along with this document and fax to the number listed above in a timely manner. Guest will not be permitted to check in without prior authorization of this document.

Company Name: _____

Telephone No: _____ Fax No: _____

Cardholder's Name: _____

Guest Name: _____

Credit Card No: _____ Expiry Date: _____

3 or 4 Digits card identification number or(CVD Code): _____

Billing Address: _____

City: _____ State: _____ Postal Code: _____

No of Night: _____ No of Rooms: _____ Rate / Day : \$ _____

Confirmation No: _____ Arrival Date: _____

Cardholder's Name: _____ Title: _____

Signature: _____ Date: _____

Cancellation Policy:

48 hours cancellation notice is required prior to the arrival date. Otherwise a charge will be processed to the credit card listed above for the first night at full rate.