



AUTHORIZATION TO BILL TO 3RD PARTY CREDIT CARD

Please complete the following information in full and fax it back with a copy of both sides of the credit card AND photo id of the card holder (drivers licence preferred). If the form is incomplete or we do not receive a photo copy of both sides of the credit card, the form will be considered invalid and we may charge the guest who is checking in for the stay. (Note: please lighten the photocopy to ensure signature and card number are visible.

PLEASE PRINT:

DATE OF ARRIVAL:	
NO. OF NIGHTS:	
DATE OF DEPARTURE:	
GUEST NAME:	
CARD HOLDER NAME:	
CARD NO. & EXPIRY DATE:	
CARDHOLDER'S SIGNATURE:	
CARDHOLDER'S TELEPHONE:	
CARD HOLDER'S MAILING ADDRESS:	

The charges to be applied to this card are: (please check all that apply)

_____ Room & Taxes

_____ Meals

_____ Long Distance Charges

_____ Other – please specify: _____

_____ All charges incurred by Guest

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