

CREDIT CARD AUTHORIZATION FORM

Date: _____

Attention: _____ Fax: _____

I authorize the Pacific Inn to bill my credit card for the following charges:

- Room and tax only
- All charges including room, tax, meals, telephone etc.
- Only the following _____

Guest Name: _____ Company Name: _____

Arrival Date: _____ Departure Date: _____

Number of Nights: _____ Confirmation #: _____

Rate Per Night: _____ Plus tax

Credit Card #: _____ Exp. Date: ____ / ____ CVV#: _____
(3 digits on back of card)

Cardholder's Name: _____ Card Type: _____

Cardholder's Mailing Address: _____

Cardholder's Telephone: _____ Email: _____
(Please print clearly)

Please send me a reservation confirmation by: Fax Email

Cardholder's Signature: _____ Date: _____

NOTE: A photocopy of the front and back of the credit card must be included with the fax or we are unable to process the payment. Please make the copy as light as possible.

Charges: Upon the return of this form, the Pacific Inn will obtain verification and an authorization number from the credit card company, upon which we will post payment for room and tax according to the number of days reserved. Any incidentals indicated and approved in the above will be applied upon check-out. The reservation confirmation will be faxed or emailed to the cardholder, as indicated above by the cardholder.

Cancellation: (i) If the guest has not checked in by check-out time of the day following the last night of accommodation reserved (ii) or if the reservation is cancelled less than 24 hours before the arrival date the cardholder will forfeit the first night's total room and tax. Cancellation with 24 hours prior notice will result in full refund to the cardholder.

PACIFIC INN RESORT AND CONFERENCE CENTRE

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