



LE FLORAL  
HÔTEL

## Credit Card Authorization Form

Name of the client staying at the hotel: \_\_\_\_\_

Check-In Date: \_\_\_\_\_

Check-Out Date: \_\_\_\_\_

Validity: From \_\_\_\_\_ To \_\_\_\_\_ Years \_\_\_\_\_

Confirmation number: \_\_\_\_\_

I, \_\_\_\_\_, allow the Hotel Le Floral to use my credit card to charge the following fees:

\_\_\_\_\_ All Charges\*

\_\_\_\_\_ Room and taxes only (Including No-Show reservation)

\_\_\_\_\_ Please, send me the invoice by mail at: \_\_\_\_\_ @ \_\_\_\_\_

\_\_\_\_\_ Initials only if the card owner does not want the credit card to serve as a guarantee for damages and loss to the hotel property. However, the guest must give a deposit of 100\$ with a personal credit card or cash or debit and show an ID with picture. Please, advise the guest.

*Example: \$250 fine will be charged to the guest who will smoke in the hotel and as well in a radius of 9 meters of the building.*

Credit card number: \_\_\_\_\_

Credit card expiry date: \_\_\_\_\_ / \_\_\_\_\_

Credit card owner signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please join a **photocopy of both side of the card** with this form filled to send via fax to 819-564-6952 or by email at [info@hotellefloral.com](mailto:info@hotellefloral.com) with this completed form. Make sure all the needed info and both side of the credit card and the form are readable prior to sending them.