



LE FLORAL
HÔTEL

Credit Card Authorization Form

Guest (s) authorized: _____

Validity: From _____ to _____
(Year/Month/Day) (Year/Month/Day)

Attached a photocopy of both side of the signed credit card

I, _____ allow Hotel Le Floral to charge my credit card for the following fees:

All charges (Room, bar, call charges...)

Room and taxes (including no-show)

Send my receipt to: _____ @ _____

_____ Initial only if the card owner **does not want** the credit card to serve as a guarantee for damages and losses to hotel property. In this case, the guest must provide their own credit card for a 100\$ deposit **Please advise the guest.**

Example: A 100\$ fine will be charged to any guest who smokes inside or within a radius of 9 meters from the building.

Credit card number: _____

Credit card expiry date: _____ / _____

Credit card holder signature: _____

Send documents by fax at 819-564-6952 or by email to info@hotellefloral.com