



# Credit Card Authorization Form

## Instructions

1. Please complete the form and fill in all billing and address information in the blanks below, and sign with the credit card holder's signature on the line indicated legibly with a dark pen.
2. FAX (888-505-5442) or scan and email the completed form to [bookings@suiteliving.ca](mailto:bookings@suiteliving.ca) to complete your booking.

### CREDIT CARD AUTHORIZATION FORM

I, , hereby authorize Suiteliving Rentals to charge my credit card account in the amount of \$  .

VISA

MasterCard

American Express

Credit Card Number:  Exp. Date:  VID Code:  \*last 3 digits on back of card for MC and Visa or last 4 digit on front of AMEX

#### Credit Card Billing Address:

Street:   
  
 City:  State/ Prov:   
 Zip Code/ Postal Code:   
 Telephone: (  )  -   
 Country:

#### Guest Address (if different from billing):

Street:   
  
 City:  State/ Prov:   
 Zip Code/ Postal Code:   
 Telephone: (  )  -   
 Country:

As the credit card holder, I authorize Suiteliving to charge my credit card for the 3% processing fee in excess of the amount paid above. I hereby authorize receipt of services from Suiteliving.

\_\_\_\_\_

Cardholder's Signature

\_\_\_/\_\_\_/\_\_\_

Date

Rental Suite Address: \_\_\_\_\_ Check in: \_\_\_/\_\_\_/\_\_\_ Check out: \_\_\_/\_\_\_/\_\_\_

### Please Print This Form

Your completion of this authorization form helps us to protect you, our valued guest, from credit card fraud. All information entered on this form will be kept strictly confidential by Suiteliving.