



LETTER OF AUTHORIZATION

Date: _____

Group: _____

CREDIT CARD INFORMATION

Name of Cardholder: _____ Phone #: _____
(please print)

Cardholder's Address: _____

Card Type: Visa MasterCard American Express

Number:

Exp. Date: _____

Cardholder's Signature: _____

****Please only provide your first and last four digits of your credit card. We will contact you at the telephone number listed above for the remaining digits.****

I authorize UBCO Conferences and Accommodation to charge the above credit card for the below listed charges during the specified period listed.

I authorize the following:

Ro Room & Tax Charges Parking

Extension (authorize guest to extend their stay past the departure date)

For Long-Term reservations (30 + days) credit card will be charged 15 days deposit at time of booking, another 15 days will be charged at check-in, and then will be charged every 30 days.

I understand that, if the guest does not arrive, the credit card will be used to charge a No-Show fee equal to one night's room and taxes charges. All reservations made are to comply with 48 hour cancellation policy. Failure to provide cancellation notice within 48 hours of check-in will result in credit card being charged equal to one night's room and taxes charges. Cancellation policy for a long term stay requires 7 days notice prior to arrival for a full refund of deposit. All incidental charges are the responsibility of the cardholder.