



Beacon Inn at Sidney
9724 Third Street
Sidney, BC V8L 3A2

CREDIT CARD AUTHORIZATION / BILLING FORM

For your protection credit card companies require this additional measure of information collection. This helps to prevent unauthorized billings by third parties.

THIS FORM MUST BE FILLED OUT COMPLETELY AND RETURNED BY _____

The Beacon Inn at Sidney accepts both VISA and MASTERCARD.

I authorize the Beacon Inn at Sidney to (please check one):

Bill my credit card for ALL CHARGES

Bill my credit card for ROOM & TAX ONLY in the amount of \$_____

Credit card number: _____ - _____ - _____ - _____ Expiry date: ____/____

Cardholder name (as it appears on the card): _____

Telephone: (_____) _____ Fax: (_____) _____

Mailing address: _____
Street & if applicable, Suite

City, Prov/State, Postal/Zip code

Name of Guest: _____

Date of Arrival: _____

I agree my liability for this bill is not waived and I agree to be held personally liable in the event the indicated person, company or association fails to pay for any part of the full amount of these charges.

Cardholder Signature: _____

Date (mm/dd/yyyy): ____/____/____

When this form is completed, please fax back with photocopy of the front & back of credit card to 250-655-9118