



## CENTRAL RESERVATIONS CREDIT CARD AUTHORIZATION FORM

DATE:

TO:

FAX No:

Total Pages:

Thank you for choosing the Sandman Hotel Group.

We are more than happy to honour your request for third party billing. We ask that you fill out the attached form and return it by fax to the number listed at the bottom of the authorization form. You must indicate which charges you will be taking care of.

**IN ORDER FOR US TO PROCESS YOUR REQUEST WE REQUIRE A CLEAR PHOTOCOPY OF THE FRONT AND BACK OF THE CREDIT CARD YOU WISH TO CHARGE AND ALSO A COPY OF A PIECE OF GOVERNMENT ISSUED PHOTO IDENTIFICATION (COMPLETE WITH ADDRESS).**

The photocopy is needed to verify that you are the credit card holder and that the signature on your credit card matches the one on the attached authorization. We understand this may be an inconvenience for you. Please know that these measures have been instituted for your protection and to shield you from fraudulent charges.

The photocopies are extremely essential to the booking. If we do not have these copies by the time your guest checks in, you fax authorization will be denied and we will be asking your guest for a credit card to cover all charges. We also ask that your guest have *government issued photo identification* and the reservation number with them upon check in.

These methods have been put into place to guarantee the safety of you and your guest when using your credit card over the phone and through the fax.

If there are any questions or concerns, please do not hesitate to call us at 1 800 SANDMAN (726 3626).

Thank You

Central Reservations Office  
Sandman Hotel Group



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Please complete the following and fax back to the property including a photocopy of the credit card "front and back" and *government issued photo ID* using the fax number listed at the bottom of the form. Picture ID of the registering guest will be required upon Check In.

### Sandman Inn Cache Creek

Tel: 250 457 6284 Fax: 250 457 9674

This is to certify that I, \_\_\_\_\_ have authorized the Sandman Hotel Group to charge my credit card account.

Card Type: \_\_\_\_\_ Number: \_\_\_\_\_

Card Expiration: \_\_\_\_\_ / \_\_\_\_\_  
Day Year

For all charges incurred by: \_\_\_\_\_

Arriving on: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ for \_\_\_\_\_ day(s).  
Month Day Year

These charges are to include:

Room and Taxes     Parking (if applicable)

Signature of Cardholder: \_\_\_\_\_ Date: \_\_\_\_\_

### Cardholder Information

Name: \_\_\_\_\_ Company: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Bill Distribution (Choose preferred choice):     Fax     Mail     E-mail: \_\_\_\_\_

Reservation Number: \_\_\_\_\_ Guest Name: \_\_\_\_\_

### INTERNAL USE ONLY

General Manager Approval: \_\_\_\_\_