



322 DAVIE STREET VANCOUVER BRITISH COLUMBIA CANADA V6B 5Z6
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CREDIT CARD AUTHORIZATION FORM

Please complete the following information and return this form, along with a photocopy of the indicated credit card (back and front) and photo identification of the credit card owner, to fax: 604-642-6780

Type of Credit Card:

Credit Card Number:

Credit Card Expiry Date:

Name on Credit Card:

Signature of Credit Card Owner:

Name of Hotel Guest:

Dates of stay:

Please indicate what charges are to be applied to the above credit card:

- Bill all charges, including room, taxes and incidentals.
- Bill only room and taxes.
- Other, please specify:

Contact Name and Telephone number:

Privacy Policy: Opus Hotel respects your privacy. Credit information is collected for the purposes of account settlement or guarantee. Information is kept secure and confidential and will not be disclosed to third parties without your consent or as required by law.