



A Glittering past...
a Brilliant future

4825 49th Avenue Postal Service 7000
Yellowknife, NT X1A 2R3
Telephone: 867.873.3531
Fax: 867.873.2789
E-mail: reservations@explorerhotel.ca

CREDIT CARD AUTHORIZATION FORM

Please complete all sections and return:

Company Name: _____

Company Address: _____

Client Name (s): _____

Confirmation Number (s): _____

Arrival Date: _____

Departure Date: _____

Billing Instructions

Please indicate which charges will be covered by the credit card:

<input type="checkbox"/> Room and Tax	<input type="checkbox"/> Meals (no alcohol)
<input type="checkbox"/> Local Phone Calls	<input type="checkbox"/> Meals (with alcohol)
<input type="checkbox"/> Long Distance Phone Calls	<input type="checkbox"/> Fax/Photocopy
<input type="checkbox"/> Laundry	<input type="checkbox"/> Other _____

I hereby authorize the use of my credit card for payment of the charges indicated relating to the above-mentioned guest or function.

Credit Card Number: _____ Expiry Date: ____ / ____

Card Holder Name: _____

Card Holder Signature: _____

Completed By: _____

Date: _____ Phone: _____

Fax No _: