



CREDIT CARD AUTHORIZATION FORM

Travelway Inn
1200 Paris Street
Sudbury, Ontario
P3E 5V4

Phone: 705-522-1122
Fax: 705-522-3877

Arrival Date:

to

Departure Date:

[Empty box for Arrival Date]

[Empty box for Departure Date]

Guest Name: _____ Reservation Number: _____

Charges to be billed

- ALL CHARGES
Room & Taxes
Phone Calls
Food & Beverages
Dry Cleaning
Roll Away Bed
Extra Person(s) Charge
Specific Other Charges

Credit Card Number: _____

Expiry Date: ____/____/____ C.S.C. #: _____

Name as it appears on the Card: _____

Signature of the Cardholder: _____ Date: _____

*Typed name is equivalent to signature

By signing this document you authorize the Travelway Inn to charge your credit card for the above listed people and their specified charges. In the event that we are unable to obtain approval for these charges, we will require an alternate form of payment prior to the Guest checking in.

CONTACT INFORMATION

Name: _____

Phone Number: _____ After Hours Number: _____

**Please be advised that we are a 100% smoke free hotel and have a no pet policy any violation of this policy will result in additional charges **