



## CREDIT CARD AUTHORIZATION

This is to certify that I, \_\_\_\_\_,  
authorize the BridgePoint Inn to charge my credit card for the following:

Guest name(s)/Confirmation Numbers: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date(s) of Stay: \_\_\_\_\_  
\_\_\_\_\_

**Please indicate which charges will be accepted:**

☐ Room & Tax   ☐ Long Distance Calls   ☐ In-Room Movies   ☐ Other: \_\_\_\_\_

**Company Information: (if applicable)**

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

Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

City: \_\_\_\_\_ Province/State: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Credit Card Holder Information:**

Name (please print): \_\_\_\_\_

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

City: \_\_\_\_\_ Province/State: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Name of Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Expiry: \_\_\_\_\_

Credit Card Holder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please complete all applicable information and include a **clear** photocopy of the front and back of the credit card and return to the BEST by fax at (415) 467-0491  
or by email to [bpi3255@gmail.com](mailto:bpi3255@gmail.com).