



CREDIT CARD AUTHORIZATION & RESERVATION FORM

Phone / fax (506) 2643-7011
Email: reservations@backyardhotel.com
www.backyardhotel.com

Reservation #

You must fax this form back in order to receive secure your reservation and to receive reservation number.

I _____ hereby authorize THE BACKYARD ROOMS & SUITES, to charge my

Visa AMEX MasterCard

Card number _____ Issue date _____
Expiration date _____ Bank code _____
In the amount of \$ _____ (+ lodging tax 16.39%)
Total in US \$ _____

For the following service(s):

Arrival date _____ Departure date _____
Room(s) _____ Night(s) _____
Adults _____ Children _____
Room type (Deluxe or Suite) _____ Rate per night US \$ _____
Phone number _____ Fax number _____
Email _____
Address (as on credit card bill) _____
Special needs or requests _____

Signature _____

Terms and conditions

1. I have read and accept the conditions of this reservation and I agree to pay the amount here authorized even though I have not signed the original charge note or voucher. I agree to pay this amount in case of No SHOW or cancellation after 12 md. the day before date reserved (except in the reservation is on Monday, cancellations must be made on Saturdays before midday)
2. Your credit card will not be charged except for the above reasons. All payments are due upon ckeck-out at the hotel.
3. If it is an AMEX Card, invalid without the bank code. It appears at right side, the line before card number. If it is a Visa Card, the bank code appears at the left side, the line before card number.

Cancellation policy

1. We require to make the cancellation 24 hrs. before the arrival date. If not, we will charge 50% of the room rate for the first night on the credit card.