

St Christopher's Hotel Credit Card Authorization Form

Attn: _____ Date: _____

I _____ hereby authorize _____ to charge my

VISA _____ MASTER CARD _____ DISCOVER _____ AMERICAN EXPRESS _____

Credit Card No. _____ Expiration Date: _____ Pin: _____
Name of Bank: _____

Passport No. _____ Expiration Date: _____
Arrival Date: _____ Departure Date: _____

Quantity of Room _____ Single with Fans or A/C _____ nights
Quantity of Room _____ Double with Fans or A/C _____ nights
Quantity of Room _____ Triple with Fans or A/C _____ nights

Rate \$ _____ + 9% Government Tax + 5% Service Charge per night

50% Deposit \$ _____ none refundable if cancelled 2 weeks prior check in.

LAMANAI MAYA RUIN TOURS \$ _____ + 5% Service Charge _____ persons
50% Deposit \$ _____ none refundable if cancelled 2 weeks prior check in.

I understand your cancellation policy.

Name on Reservation: _____ No. of persons: _____
Name on Card: _____
Signature: _____

International Air/Land Arrival: Airline F.No./Time _____
International Air/Land Departure: Airline F.No./Time _____

Note: Please print, fill in and fax to the number below or scan and attach
With photocopy of back and front of credit card and I.D.card.

Thank you for choosing St Christopher's Hotel and hope to see you soon.

10 Main Street, Orange Walk Town, Belize, Central America
501-322-2420 phone/fax 501-302-1064 phone

Email: info@stchristophershotelbze.com
Website: www.stchristophershotelbze.com