



# King Edward Hotel



137 Banff Ave., Box 519  
Banff, AB, T1L 1A6  
403-985-3734

Authorization to charge credit card  
Complete form & fax back to 403-985-3735

Guest Name: \_\_\_\_\_

Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_

Point of Contact's Telephone Number: \_\_\_\_\_

Point of Contact's Email Address: \_\_\_\_\_

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

\_\_\_\_\_

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

Credit Card Number: \_\_\_\_\_ Exp. date \_\_\_\_\_

Credit Card Type: \_\_\_\_\_ Security Code \_\_\_\_\_



Security  
Code

## Billing Information

All Charges: \_\_\_\_\_ Room/Tax Only: \_\_\_\_\_

Other/Estimated amount: \_\_\_\_\_

I authorize the King Edward Hotel to bill the above charges to my credit card.

Card Holder's Signature: \_\_\_\_\_

\*\*\* Please include a LEGIBLE photocopy of the front & back of the Credit Card\*\*\*  
\*\*\*Include a copy of a valid ID such as a driver's license\*\*\*