



Dear Madam/Sir:

Please fill out the required information and fax the completed form back to the Canad Inns location your guest is staying at (*see below for individual location fax numbers*).

Please make sure to include a photocopy of the front and back of the credit card with this form in order for us to complete the third party billing.

Thank you for choosing Canad Inns Destination Centres!

Please return the fax to: ***Please make your fax attention to the Front Desk***

	Express by Canad Inns	Fax: 204-261-4543
	Canad Inns Destination Centre Transcona	Fax: 204-222-3216
	Canad Inns Destination Centre Windsor Park	Fax: 204-254-0689
	Canad Inns Destination Centre Garden City	Fax: 204-697-3377
	Canad Inns Destination Centre Fort Garry	Fax: 204-261-5433
	Canad Inns Destination Centre Polo Park	Fax: 204-783-4039
	Canad Inns Destination Centre Club Regent Casino Hotel	Fax: 204-667-5913
	Canad Inns Destination Centre Portage la Prairie	Fax: 204-239-6245
	Canad Inns Destination Centre Brandon	Fax: 204-727-1427
	Canad Inns Destination Center Grand Forks	Fax: 701-792-1976
	Radisson by Canad Inns	Fax: 204-947-1129
	Canad Inns Destination Centre Health Sciences Centre	Fax: 204-505-1522
	The Metropolitan Entertainment Centre	Fax: 204-414-3917



Your Destination Centres®



Owned and Operated by
Canad Inns Downtown Ltd.



Canad Inns, Radisson and The MET Credit Card Authorization Form

Please select the location you are authorizing to charge your credit card:

EXPRESS <input type="checkbox"/> 1792 Pembina Hwy	Transcona <input type="checkbox"/> 826 Regent Avenue W	Windsor Park <input type="checkbox"/> 1034 Elizabeth Road	Garden City <input type="checkbox"/> 2100 McPhillips Street
Fort Garry <input type="checkbox"/> 1824 Pembina Hwy	Polo Park <input type="checkbox"/> 1405 St. Matthews Ave	Club Regent <input type="checkbox"/> 1415 Regent Avenue W	Portage la Prairie <input type="checkbox"/> 2401 Saskatchewan Ave W
Brandon <input type="checkbox"/> 1125 18 th Street	Grand Forks <input type="checkbox"/> 1000 South 42 nd Street	Radisson <input type="checkbox"/> 288 Portage Avenue	H.S.C. <input type="checkbox"/> 720 William Avenue
The MET <input type="checkbox"/> 281 Donald Street			

Guest Information:

Guest Name(s)	Arrival Date	# of Nights	Confirmation #

I authorize the following to be charged to my credit card:

<input type="checkbox"/> Room & Tax Only	<input type="checkbox"/> Food & Beverage (excluding alcohol) Max of \$_____
<input type="checkbox"/> Long Distance Phone Calls	<input type="checkbox"/> Food & Beverage (including alcohol) Max of \$_____
<input type="checkbox"/> ALL Charges	<input type="checkbox"/> Banquet Function/Meeting
<input type="checkbox"/> Canad Gift Card \$_____	<input type="checkbox"/> Other (specify): _____

Deposit: *Please note: Upon check in, the hotel will require a credit card imprint or \$200.00 cash deposit from this guest for any charges you have not authorized. By checking this box, you agree that the \$100.00 deposit can be pre-authorized on to your credit card; however, the guest(s) is responsible for payment of these additional, non-authorized charges. Please also be aware, by checking this box, any unpaid charges incurred by this guest will be charged to your credit card on the date of departure.*

Credit Card Holder Information:

Card Holder Name:			
Address:			
City:	Prov/State:	Postal/Zip Code:	
Phone:	Fax:		
<i>I authorize the above noted charges to be processed onto my credit card as stated on this form. I have included a photocopy of the front and back of the credit card in order for Canad Inns, Radisson or The Met to complete the credit card billing.</i>			
Credit Card Number:		Expiry: (MM/YY)	
Card Holder Signature:			
Receipt for stay:	<input type="checkbox"/> Fax (as noted above) <input type="checkbox"/> Email to: _____		

The accommodation(s) that have been chosen are guaranteed for late arrival to the credit card number provided at the time the reservation was made. If you need to change or cancel this reservation, please call within 24 hours of the arrival date to avoid a penalty (*Penalty refers to one nights room and taxes processed to this credit card*).

This authorization form can and will only be used based on the information provided above.