



CREDIT CARD AUTHORIZATION

I, the undersigned, _____
(Please Print Above)

(Please Sign Name)

Declare that I am holder of the following credit card:

Number: _____

Type of Card: _____

Expiry Date: _____

And authorize Imperial Suites the use of this card in my name for the deposit or full payment of all rental monies for the furnished apartment suite(s) and any long distance telephone charges, parking fees and/or including any administrative costs. I understand and agree that the initial accommodation charges to my credit card will be in the amount of \$ _____ and payable to Imperial Rentals.

Please return this Credit Card Authorization to Imperial Suites by fax to (403) 543-8730