



## Credit Card Authorization Form

PLEASE PRINT OUT THIS FORM AND RETURN TO US.  
All information will remain confidential.

Guest(s) Name(s): \_\_\_\_\_

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

Contact Phone Number: \_\_\_\_\_

I, \_\_\_\_\_ hereby authorize the following charges  
to be applied to the following Credit card. Check all that apply:

Room & Tax

All Incidentals

Meals

Other – see comments

Comments:

\_\_\_\_\_  
\_\_\_\_\_

Card Holder's Name: \_\_\_\_\_

Credit Card Type:  Visa  MasterCard  Amex

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_

Once completed please fax this form to:  
Nunamiut Lodge 1-867-793-2824