By the Bridge Bed & BreakfastEmail: stay@bythebridge.ca Ph: 1-250-860-7518, Fax: 1-206-350-7473

Date(s)		Room(s)	
# of Persons:	_ Parking Required:	: Nightly Ro	om Rate:
Taxes (GST/PST/M	IRDT): 16%	Room Rate including	ng Taxes:
First Name		Last Name	
Home Address			
City	Co	untry	Postal Code
Email			
Phone Home#()	Mobile#()
Credit Card Details	() VISA () MA	ASTERCARD () AME	RICAN EXPRESS
Name as shown on Cı	redit Card:		
Credit Card Number:			
Expiration Date:			
CVV Number	(Most cards 3 c	digits on reverse. For Am	erican Express 4 digits on front)
my reservation base100% of theIf cancelled ofIf cancelled of	ed on the following can reservation cost may b or modified more than	cellation policy: be charged to secure th 30 days before date of	B&B to charge my credit card for any costs one reservation at time of booking. Farrival, the first nights stay is non-refundable. It in case of no-show, the total price of the
Card Holder Signatu	re		Date :
Completion of this aut	horization form helps us	to protect you, our value	ed customers, from credit card fraud. By the Bridge

Bed & Breakfast will keep all information entered on this form strictly confidential.