

Credit Card Authorization Form The Inn Lake Superior

350 Canal Park Drive Duluth, MN 55802 Phone: (218) 726-1111

Toll Free: (888) 668-4352

Name of Arriving	Guest:	
Date of Arrival:	Date of Departure:	
Confirmation Nur	mber:	
	Credit Card Information:	
Last 4 Dig	its of Credit Card: Expiration Date:	
PLEA	ASE DO NOT SEND FULL CREDIT CARD NUMBER. YOU MUST	GIVE
FULL	NUMBER TO THE HOTEL AGENT OVER THE PHONE. ONLY V	VRITE
THI	E LAST 4 DIGITS OF THE CREDIT CARD NUMBER ON THIS FO	RM.
	DO NOT SEND A COPY OF THE CREDIT CARD	
Name as it appea	rs on the Credit Card:	
Phone Number: _	Email:	
Please	indicate the charges you are authorizing to be billed to you (If no charges are indicated, then <u>all charges</u> will be billed)	
	☐ Room and Tax Only	
	☐ All Charges	
	☐ Incidentals Only	

.By signing this document, you authorize us to charge the card listed above. Please note you will be authorized for the room amount with the funds being held generally 5-7 business days (depending on your bank) before being released. If guest staying does not pay any portion of their bill, this card will be charged.

Please fax or email this form back to The Inn on Lake Superior at (218) 727-3976 or mod@innonlakesuperior.com