

**HERITAGE GRAND INN**  
**1150 E LINN ST**  
**CANTON, IL 61520**  
**PHONE: 309-647-9675**  
**FAX: 309-647-1388**

**E-MAIL: hgi\_canton@yahoo.com**  
**WEBSITE: www.hgicanton.com**

**CREDIT CARD AUTHORIZATION FORM**

Individual/Business/Event Name:	
Arrival Date:	Departure Date:
Room type:	Number of rooms required:
Number of guests in each room:	
Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other	
Cardholder Name (as shown on card):	
Card Number:	
Expiration Date (mm/yyyy):	CVV code:
Credit Card Billing Address:	
Cardholder phone #	
Signature of Cardholder:	
Name of Contact Person:	
Phone Number of Contact Person:	
Email address of Contact Person:	

Please send us a legible photocopy of the FRONT and BACK of CREDIT CARD and a copy of a valid State ID such as DRIVER'S LICENCE along with this completely filled form via either Fax # 309-647-1388 or Email: hgi\_canton@yahoo.com.

I, \_\_\_\_\_ authorize HERITAGE GRAND INN, CANTON, IL to bill room rate, taxes, extra adult charges, rollaway bed, all incidental and smoking penalty to above given credit card.

\_\_\_\_\_  
Cardholder's Signature

\_\_\_\_\_  
Date