

Toll-Free: 1866-351-4752

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## **Credit Card Authorization**

Name:		Suite Acc:		
Dates:	Arrive:	Depart:	# of nights	
Credit Card Type:	Visa	Mastercard		
Credit Card Number:	·			
Expiration Date:		Security Code:	Amount: US\$	
Cancellation Policy				
Balance is due 45 day Cancellation 46 day 45 days or less prior No refunds for no-s No refunds due to a Travel Insurance is s	rs or more prior to arr r to arrival = no refun hows or unused porti airline delays, strikes, strongly recommende	rival = full refund less 5% administration d ions of accommodations or packages political unrest or Acts of God, include	s.	
I authorize Xanadu Isla	and Resort to charge t	the agreed amount listed above to m	y credit card provided herein.	
Cardholder Name:				
Cardholder Signature:		Date:		

The exchange rate is a standard US\$1.00 = BZ\$2.00. As is true with most foreign currency transactions, **your** bank may be charging you a service charge or exchange rate fee. Please contact your bank or credit card company for more information.