



Helping you discover **THE ARCTIC**

T: 867-983-5173, E-mail: finance@illuinc.com
12 Mitik Street, P.O.Box 2234, Cambridge Bay, Nunavut, X0B 0C0,
Canada

Third Party Authorization Form

Please transmit the completed form at least 72 hours prior to the guest arrival by email to illu B&B in order for us to ensure your request is processed. illu B&B accepts the following Payment Cards: Contactless credit, EMV chip credit cards, and Magnetic-stripe credit cards

This is to certify that I, _____ authorize Illu B&B to bill all charges to my credit card for (circle your response): YES NO

Confirmation Number: _____ Check-In Date: _____ Check-Out Date: _____

Guest Name (s): _____ Guest Tel: _____

I confirm the following nightly rate for the B&B was confirmed at the time of booking: **\$245 Plus 5% GST**

I confirm the following daily rate for rental vehicle was confirmed at the time of booking: **\$180 Plus 5% GST**

** I understand that all reservations cancellation is free of charge 7 days prior to the date of arrival, after this time we charge you 90% of the room rate as cancellation fee, if we could not sell the room (please see full policy attached)

Credit Card Holder Information

Credit Card Number: _____

Expiration Date: _____

CVC on Credit Card: _____

Postal Code of billing address: _____

Name on Credit Card: _____

(Exactly as show on credit card)

Signature of Cardholder: _____

Cardholder's Phone Number: _____

Cardholder's E-mail/fax/Tel: _____

Name of Renter: _____

Do you require a copy of the receipt to be emailed to you upon guest checkout (circle your response)?

Yes

No

Disclaimer: The Cardholder is responsible for all incidental charges, including damages.



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Vehicle Rental Information Form

PLEASE FILL OUT THE FOLLOWING IF YOU ARE INCLUDING A VEHICLE RENTAL IN YOUR BOOKING WITH ILLU:

Vehicle Driver: _____ Phone: _____

Email: _____

Home Address: _____

City: _____ Province: _____ ZIPCODE: _____ Country: _____

Driver License: _____ Province: _____ Exp: _____ DOB: _____

Local Address: _____

Insurance Co: _____ Policy #: _____

- 1) Car to be returned clear of garbage, if this is not done a \$50 fee will be billed, and \$200 for smoke or ash odors.
- 2) Vehicle is not for off-roading adventures, must remain within municipal limits
- 3) Flat tires caused by road hazards are the renters' responsibility. If renter gets a flat tire, call owner for instructions: 867 983 5173 and 867 983 2028
- 4) Renter should keep vehicle plugged overnight for cold season, and should turn vehicle off if it overheats and contact owner again as indicated in Item 3 if any issues persist.
- 5) Parking or traffic violations or fines are the responsibility of the renter and should be taken care of immediately, a fine plus \$50 handling fee will be billed to the renter if this is not taken care of.
- 6) All accidents or vehicle damages are the responsibility of the renter.
- 7) If renter requires towing for reasons that are drivers' fault (e.g. getting stuck in snow/mud) renter is responsible for that bill.
- 8) Unauthorized drop-offs of vehicle at the airport without prior agreement/consent with owner is another \$50 fee.
- 9) Renter must return vehicle at the date and time specified, if not they will be billed for the additional time.
- 10) ABSOLUTELY NO REFUNDS, EXCEPT FOR A) REPEATED MECHANICAL FAILURE, OR B) A VERIFIABLE FLIGHT, MEDICAL OR FAMILY EMERGENCY.
- 11) This contract is subject to final audit and charges by owner.

Renter Consent to the above: _____ Date: _____

TO BE FILLED UP AT TIME OF PICKUP

RENTAL \$ ____ /wk \$ ____ /day
Car: _____
License # _____
GAS: Full [] 3/4 [] 1/2 [] 1/4 []
Renter agrees to fuel tank as indicated. Failure to fill tank to this level will incur a charge of \$25 per quarter tank, not to exceed \$100 for fill-up. Acceptance Initials: _____
KEYS: Loss/lockout is renter's responsibility.
Call Owners: 867 983 5173 or 867 983 2028
CDW: Rental Collision Damage Waiver.
Decline: _____

CONFIRMATION OF PICK UP DATE AND TIME: _____

CONFIRMATION OF DROP OFF DATE AND TIME: _____

ANY DAMAGES ON VEHICLE AT TIME OF PICK UP:

TO BE FILLED UP AT TIME OF DROP OFF

CONFIRMATION FROM ILLU STAFF OF GAS LEVEL AT TIME OF DROP OFF: FULL () $\frac{3}{4}$ () $\frac{1}{2}$ () $\frac{1}{4}$ ()

ANY DAMAGES ON THE VEHICLE AT TIME OF DROP OFF:

