Sunset Inn and Suites

10 First Ave South, Sioux Lookout, Ontario, P8T 1A1, Canada

Phone: 807-737-7177; Fax: 807-373-3586

E-mail: reservations@sunsetinnandsuites.ca; Website: www.sunsetinnandsuites.ca

Reservation De	tail						
Reservation No	R-9416		Chec	:k In :	Apr/24/2024 01:00:00 PM		
Reservation Date	Date Apr/18/2024 08:39:00 AM			Check Out : Apr/25/2024 11:00:00 AM			
<u>Guest Details</u>							
Guest :	Carol Buswa		Roor	n Type :	К		
	Canada						
Phone :	8076277698						
Email :	rcatroppa@nanlegal.on.ca						
Payment Detail	<u>s</u>		<u>Billi</u>	ing Details			
Payment Method :			Address :				
Card Type :							
Credit Card No. :			Phor	1e :			
Card Expiry :							
Name On Card :							
Room Type		Adult/Child/Pets	Price(CAD)		Tax(CAD)	Total(CAD)	
К		2/0/0		175.00		30.66	205.66
Rental Details	Rate Type		Che	ck In Date			Rate(CAD)
	Best Available		Apr/24/2024-Apr/24/2024			175.00	
	0.00 Oth	er Charge:	0.00	Tax(CAD)	0.00	Total(CAD)	0.00

Grand Total(CAD):	205.66	
Payment:	0.00	
Balance:	205.66	

NOTICE TO GUESTS: This property is privately owned and the management reserves the right to refuse service to anyone. Management will not be responsible for accidents or injury to guests or for loss of money, jewelry or valuables of any kind. Management will not be responsible for any item left in the room.

CHECKOUT TIME: 11:00 AM SELF REGISTRATION ONLY

I AGREE that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person or company failed to pay for any part or full amount of these charges including any missing/damaged items, etc.. I agree that if an attorney is retained to collect these charges, I will pay all reasonable attorney's fees and costs incurred. If payment is by credit card you are authorized to charge my account for all charges incurred, including any and all damages/missing items, etc.. I agree that the sole purpose of renting this room is for my own residency only.