



Chocolate Lake Hotel

INFORMATION INVOICE

LINDA GREGORY
1619 CULLODEN ROAD
CULLODEN NS B0V1A0
Canada

Room No. 100
Arrival 11-28-25
Departure 11-29-25
Confirmation No. 590425168
Folio No.
Cashier No. 35
Custom Ref.
Page No. 1 of 2

Company Name
Group Name
Guest Name

Table with 4 columns: Date, Description, Charges, Credits. Includes line items for Room, HRM Marketing Levy, Harmonized Sales Tax, and American Express, followed by a summary of Total Charges (186.70), Total Credits (186.70), and Balance (0.00).

Table with 4 columns: Merchant ID, Transaction ID, Credit Card #, Credit Card Expiry. Values include 36026351, XXXXXXXXXXXXX1008, and XX/XX.

I have received the goods and/or services in the amount shown here. I agree that my liability for this bill is not waived and agree to be held personally liable if the indicated person, company, or associate fails to pay for any part or the full amount of these charges.

Best Western Plus Chocolate Lake | 250 St Margarets Bay Road | Halifax, Nova Scotia B3N 1J4
Telephone: (902) 477-5611 | Toll Free: (800) 528-1234 | Fax: (902) 404-3376
Email: res@chocolatelakehotel.com | Website: www.chocolatelakehotel.com
HST 728060757RT0010

This hotel is independently owned and operated.



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Approval Code	848397	Capture Method	Swiped
Approval Amount	186.70	Transaction Amount	186.70

I have received the goods and/or services in the amount shown here. I agree that my liability for this bill is not waived and agree to be held personally liable if the indicated person, company, or associate fails to pay for any part or the full amount of these charges. If a credit card charges, I agree to perform the obligations outlined in the cardholder's agreement with the issuer.

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