

Hotel Name:

Name of Guest(s): Arrival Date: Departure Date:

Confirmation Number:

**METHOD OF PAYMENT** Credit Card Type: Cardholder's Full Name:

**CREDIT CARD CHARGE AUTHORISATION**

Cardholder's Contact Number:



Credit Card Number: (last 4 digits only)

You will be contacted by phone to confirm the rest of the card details

Expire Date: Cardholder's Signature:

Contact phone number to verify card details:

**CHARGE BACK**

|  |  |  |  |
| --- | --- | --- | --- |
| **[** | **] Room Only** | **[** | **] All Charges** |
| **[** | **] Room and Food** | **[** | **] Dry Cleaning** |
| **[** | **] Non-Alcoholic Beverages** | **[** | **] Telephone calls** |
| **[** | **] Alcoholic Beverages** | **[** | **] Other (please specify)**  |

***\*Please note credit card transactions will incur a Credit Card Surcharge of 1.5% for Visa, Mastercard and Amex,3.0% for DC and JCB***

**INVOICE TO BE MAILED TO:**

Company:

Postal Address:

or Email:

Print block letters please