



TWIN WATERS
RESORT
SUNSHINE COAST

NOVOTEL TWIN WATERS RESORT

ABN 33 104 336 807

Credit Card Authorisation Form

The information provided on this form will be treated in the strictest confidence.
Please note that all credit card payments will incur a 1.5% surcharge.

Conference Name: _____

Date: _____

Credit Card Number	
Type of Card	
Expiry Date	
Name of Card Holder	
Authorised Signature	

I _____ authorise Novotel Twin Waters Resort to debit the above credit card for any outstanding monies owing if necessary.