

PAYMENT AUTHORISATION FORM

I, _____ authorize NOVOTEL WELLINGTON to charge my credit card for the costs incurred relating to:

Name of guest 1: _____

Name of guest 2: _____

Period of stay: _____

Please select charges:

- Accommodation** _____
- Food & beverage** _____
- All incidentals** _____
- Other – Please Specify** _____

Full name on credit card: _____

Full address of cardholder: _____

Company name (if applicable): _____

Credit card type:

- American Express Visa Mastercard Diners

Credit card number: _____ Expiry date: _____

If your card is issued by an overseas bank, we have an option to settle your payment in your own currency (where available). If you would like to take advantage of this option, please advise us of the currency of your card here.

Currency _____,

Note: Credit card transactions are subject to a surcharge of 2.0%.

Signature: _____

I would like to receive copies of the charge: Yes No

Please mail copies to: _____

(if different to above) _____

Email Address : _____