**CREDIT CARD AUTHORISATION FORM**

***Please complete all areas below. Incomplete requests will not be processed. Please note your credit card will be pre-authorised 7 days prior to the arrival date of the guest(s) listed below. Credit card payments incur a merchant service fee of 1.5% in addition to the total amount payable.***

**Please email completed form and photocopies as described above to event team**

**GUEST/GROUP INFORMATION:**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| GUEST/GROUP NAME: |  |  |
|  |  |  |
| ARRIVAL: |  |  |
|  |  |  |
| DEPARTURE : |  |  |
|  |  |  |
| CONFIRMATION #/GROUP CODE: |  |  |
|  |  |  |

**CARDHOLDER – Please complete the following section and sign/date below:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Cardholder name as it |  | | | | | |
| appears on card: |  | | | | | |
|  |  | | | | | |
| Telephone (H): |  | | Telephone (M): | |  | |
|  |  | | | | | |
| Credit card number: |  | | | Expiry: | | / |
|  |  | | | | | |
| Credit card type: |  |  | | |  | |
|  |  |  | | |  | |
| Issuing bank name: |  | Bank contact number: | | |  | |
|  |  |  | | |  | |
| Billing address: |  | | | | | |
| or fax number |  | | | | | |
| or email address |  | | | | | |

I agree to cover the following categories of charges (please tick):

* All charges
* Room only
* Room and breakfast
* Room and meals
* Incidental expenses
* Guarantee only
* Other (please specify):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***By signing below, you authorise the hotel to charge your credit card for the charges indicated above. You further acknowledge that if ‘all charges’ has been selected, then all guest/group related charges (less deposit) will be charged to the above card number at the time of check-out or event conclusion.***

|  |  |  |  |
| --- | --- | --- | --- |
| **Cardholder signature:** |  | **Date:** |  |