



RESERVATION DETAILS																		
Guest Name																		
Company																		
Arrival Date	rrival Date							Departure Date										
Room Type							Room Rate			\$								
	INVOICE DELIVERY (PLEASE TICK PREFERRED METHOD)																	
Mail	O Address:																	
Email	O Address:																	
Card Number																		
Expiry Date	/ CVV2 (on signature panel)																	
Name on Card																		
Contact No/s.																		
					AUTHO	RISED	(PLEA	SE TICK)	Т									
Accommodation O				Minibar				0			Telephone O							
Breakfast O Value				Dinner O Value						All Meals O Value								
Meals + No alcohol O Value				ALL CHARGES														
OTHERO															0			
					DECI	A D A T												
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I, the undersigned, hereby authorise Stay Tasmania Pty Ltd trading as Hotel Collins ('the hotel') to raise a charge on the aforementioned credit card for the charges indicated above, incurred by the guest named above in 'Guest Name' ('the guest'). I understand that if I have willfully authorised for all charges incurred by the guest to be charged, that my credit card will be charged for any charges incurred during the guest/s' stay including, but not limited to, accommodation charges, food and beverage charges, incidental charges plus damages to hotel rooms and/or property and fees for smoking in a hotel room (AU\$200.00) plus any additional cleaning costs and/or lost revenue following the inability to re-sell hotel room/s. I understand that should all charges not be authorised to be charged to my card that the guest will be required to provide a credit card upon arrival as guarantee for any incidental costs not covered by this authorisation.														e' ('the ,' credit harges, a hotel 's.				
Signature:	gnature: Name:																	
Date: PDF to W	ord				=													