

CREDIT CARD AUTHORITY FORM

rendered:	charges for the	e below named guest to	the Credit Card b	elow for the following se	rvices
room onlyall charges					
□ charges as fol	lows:				
				_	
Guest name(s):			Confirmatio	on No:	
Guest name (s).					
Room Type:			Rate: \$	Total \$	
Dates of stay:	IN:	OUT:			
***	Of the	through a photoco e credit card with that a 1.5% credit card to	this form *****	•	
Type of card: Amo	ex / diners / Mast	erCard / Visa			
Card number:					
Expiry date:					
Cardholder name: _ (Please Print)		card hold	ers phone number: _		
Signature				/	
	count to guest or	n departure following address;			
Please complete the Attention: Company name:	Reservations M	anager			
Phone number: Fax number:	(03) 6220 710 (03) 6234 427				