

## **CREDIT CARD AUTHORISATION FORM**

		Date:		
Guest	Name:		_	
Compa	any Name:		_	
Arriva	date:	Departure date:		
The be	low listed cards are the only acc	cepted at Swiss-Belhotel Brisbane.		
	/isa □ American Expres	ss Diners Club MasterCard		
	tions will be guaranteed for arrival to	to credit card. Any reservations that fail to show will be c	harged one (1)	
Credit	Card Number:		_	
Expiry	Date of Card:		_	
Card F	lolder Name:		_	
Card F	lolder Signature:		_	
Card F	lolder Phone Number:		_	
Card F	lolder E-mail Address:		_	
Addre	ss for Receipt:		_	
			_	
		on all credit card payments an additional surcharg 3% on American Express & Diners, 2% on Visa & M		
	hereby authorise the followi	ing charges to be applied to the above credit	card.	
	Accommodation only	<ul> <li>Accommodation and Breakfast only</li> </ul>		
	All Charges	☐ \$ Amount		
Speci	fic Charges:		<u> </u>	
	By signing the above and submi documents, I confirm that I hav	itting this form via email or fax and any supporting ve agreed to debit my credit card for above reserva	tion(s).	
	Please complete details above and return to Swiss-Belhotel Brisabne reservations with a photocopy of both sides of credit card to be debited. Please be aware that the			

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aboveinformation is required for this form to be approved for reservation

authorisation.