



Hotel Grand Chancellor Hobart
Reservations Department
1 Davey Street
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CREDIT CARD AUTHORISATION

Att: _____ Date: ____/____/____

Company: _____

Telephone: () _____ Fax: () _____

Please complete all sections below and forward to us with photocopies of both back and front of the nominated card. If we do not receive the photocopy of the credit card and all fields completed we are unable to accept this payment authority.

Guest Name: _____

Arrival Date: ____/____/____ Departure Date: ____/____/____

Confirmation #: _____

I, _____, authorise the following charges

- All Charges
Accommodation & Breakfast
Accommodation Only
Other (please specify)

to be charged to the following credit card: (Please note a 1.5% surcharge applies to all credit card transactions)

VC MC DC AX (please tick one)

Card No: ____/____/____/____ Exp: ____/____/____

Card Holder's Name (printed): _____

Card Holder's Signature: _____

Date: _____

Copies of receipts are to be forwarded to:

Three horizontal lines for address information.