



INTERCONTINENTAL.
ADELAIDE

CHARGE BACK AUTHORITY FORM

Please complete and return this credit card authority form with your signed contract to confirm your business with us.

I _____ of _____
Name (as it appears on credit card) Business Name

Telephone No.() _____ Fax No. _____

Mobile No. _____

Herby accept the charges for _____
(Full name of Event)

To be billed directly to my credit card (Credit card payments relating to hotels in Australia incur a merchant service fee of 3% for American Express, Diners & JCB and 1.5% for other cards, in addition to the total amount payable.)

Card Type: _____

Card Number: _____

Expiry Date: _____

For the dates requested at the InterContinental Adelaide.

Arrival Date: _____ Departure Date: _____

Charges Accepted (please circle)

- 1. All charges
- 2. Accommodation And Meals Only
- 3. Accommodation and Breakfast Only
- 4. Accommodation Only Being Total Value of \$ _____
- 5. Other : Please specify _____

Signed: _____ Date: _____
Cardholder Signature

*Please include instructions if you wish to have the receipt faxed or mailed.

InterContinental Adelaide
North Terrace, Adelaide, 5000
Phone: (08) 8238 2400 Fax: (08) 8238 2387
Website: www.icadelaide.com.au