

CREDIT CARD CHARGE AUTHORITY FORM

Attention:

Tel Number: (08) 8461 0839

Fax Number: (08) 8461 0319

Hotel Use Only

Conf/Folio:

Date Auth Recv:

This completed and signed form serves as authorisation for Stamford Hotels & Resorts to debit the Credit Card provided in this form for all products and services outlined below. Please advise guests they will be required to provide either \$100 cash deposit or a credit card imprint on arrival for any charges that are not covered.

Accommodation Details

Guest Name:		
Address for receipt:		
Suburb:	State:	Postcode:
Arrival Date:	Departure Date	
Amount Authorised (Please specify):		
<input type="checkbox"/> Room Only <input type="checkbox"/> Room & Breakfast <input type="checkbox"/> Room & All Meals <input type="checkbox"/> All Charges <input type="checkbox"/> Guarantee only		
<input type="checkbox"/> Other (please specify) :		

CREDIT CARD CHARGE DETAILS

Please note that Visa and MasterCard transactions attract a 1.41% surcharge. Amex/JCB attract a 2.34% surcharge and Diners Card attract a 3.44% surcharge.	
Card Holders Name:	Credit Card Type:
Credit Card Number:	Credit Card Expiry Date: /
Card Holders Signature:	
The signature placed here must match the signature on both the Credit Card & Photo ID below.	
Date of Authority:	Cardholder's Tel Number: ()

**Please provide a copy of the front
of the Credit Card here**

**Please provide a copy of
reverse side of the card here**

**Please provide a copy of the front
of the Photo ID here**

**Please provide a copy of
reverse side of the Photo ID here**