

CREDIT CARD AUTHORITY FORM



QUALITY SUITES
PIONEER SANDS

HOTEL: Quality Suites Pioneer Sands

GUEST DETAILS

GUEST NAME:

ARRIVAL DATE:

DEPARTURE DATE:

HOTEL CHARGES OR AMOUNT AUTHORISED TO BE CHARGED:

- All Charges
- Room Only
- Room and Breakfast
- Room and All Meals
- Other (please stipulate below)

COMPANY DETAILS

NAME:

ADDRESS:

PHONE:

CONTACT PERSON:

CREDIT CARD DETAILS

CREDIT CARD TYPE: VISA MASTERCARD AMEX DINERS

CREDIT CARD NUMBER:

CREDIT CARD EXPIRY DATE:

CARDHOLDERS NAME:

CARDHOLDERS SIGNATURE:

DATE OF AUTHORITY: