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Credit Card Charge Authorisation Form
on behalf of

Group Name: _____

Arrival Date: _____

Departure Date: _____

Company: _____

Fax Number: _____

From: _____

Regarding: _____

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Name of Guest: \_\_\_\_\_

Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_

All Charges  Room Only

I accept charges for the dates of \_\_\_\_\_ to \_\_\_\_\_

I accept charges for the entire stay

Name of Cardholder (as seen on card): \_\_\_\_\_

Cardholders Address: \_\_\_\_\_

Contact Number: Business: \_\_\_\_\_

Home: \_\_\_\_\_

Mobile: \_\_\_\_\_

American Express  Visa  Mastercard

**\*\*Please note a 2% surcharge applies to all credit card payments\*\***

Credit Card Number:

Expiry Date: \_\_\_\_ / \_\_\_\_ Cardholders Signature: \_\_\_\_\_