

Third Party Credit Card Authorisation Form

This form has been created in order to allow you to have third party expenses charged to your credit card. Please provide all the information requested below to ensure prompt processing of your application. We request this form is signed and dated prior to faxing or emailing to 02 42252548 or reservations@wsa.com.au

Card Holder Information

Name as it appears on credit card:	
Card Type: Usa Mastercard	☐ American Express ☐ Diners
Account Type: Personal Credit Card Corporate Card	Company Name:
Card Number:	Expiry Date
Address: (where statement/receipt i	
Contact Telephone Number/s:	
Guest Information	
Guest/s Name:	
Phone Number:	
Arrival Date:	Departure Date:
	All Charges
Authorisation	
	certify that the above information is complete and accurate. I
	ced Apartments to collect payment for charges as outlined above by
	ove. I understand that should the reservation be extended or changed in
	will need to be completed. I have also included a copy of my card front
and back with this form.	Cand Haldan Clause
Card Holder Name:	Card Holder Signature: