



Payment Authorization Form

Booking Reference (indicated on your reservation confirmation):

Guest Details

Name of the guest:

Date of Stay:

Number of nights:

Rate per night:

Please indicate the charges to be debited for your credit card:

Room

Dinner/Bed and Breakfast

Bed and Breakfast

Full Account

Other (please precise):

Credit Card Details

Name of the Cardholder as it appears on the card:

Full address of cardholder:

Contact name:

Contact telephone number:

Billing address if different:

Credit card type and number:

Card expiry date:

Name of the bank that issued the card:

I authorize

to debit my credit card as per the above details ; Please return this form by e-mail

to:

or by fax to:

Signature: