



HOTEL ON DEVONPORT CREDIT CARD AUTHORITY FORM

This is an interactive PDF which allows users to type directly into the document. To go from field to field please use the tab key.

CARD HOLDERS DETAILS:

Full Name:

Billing Address:

Telephone Number:

CARD DETAILS

Visa Mastercard American Express Diners Card JCB

Name on Card:

Card Number:

Expiry Date:

CSC Code:

GUEST DETAILS:

Guest Name:

Confirmation Number (if known):

Arrival Date:

Departure Date:

CHARGE CREDIT CARD FOR (please tick one):

<input type="checkbox"/>	Room Only
<input type="checkbox"/>	Room & Breakfast
<input type="checkbox"/>	All Charges
<input type="checkbox"/>	Other (please list)

SPECIAL INSTRUCTIONS

Can the cost of the above charge/s be disclosed to the guest? Yes No

Please list any other special instructions relating to this credit card authority:

CARDHOLDERS AUTHORITY

I, _____, hereby authorise Hotel on Devonport to charge my credit card as shown above. I have attached a legible photocopy/scan of both sides of the credit card as requested.

CARDHOLDERS SIGNATURE

SIGNATURE:

DATE:

IMPORTANT – PLEASE READ

Please note due to our credit card merchant agreement and for the security of the cardholder we are unable to accept this form if it does not have a legible photocopy/scan of both sides of the credit card attached. Sorry, no exceptions.
If you do not wish to send this information through, payment can be made on site at 72 Devonport Road, Tauranga.

Please fax back to 07 578 2669 or scan & email reservations@hotelondevport.net.nz

Hotel on Devonport
72 Devonport Road
Tauranga