

Credit Card Authorization Form

Company Name: _____

To: *Seasons* Hotel Newman

From: _____ (Name)

Email: _____ (to send the invoice)

Phone: _____ (if we have any queries)

Guest Information

Guest Name: _____

Guest Ph Number _____

Arrival Date _____

Departure Date _____

Room Type _____

Nightly Room Rate \$ _____ (As quoted by Seasons Hotel)

Confirmation Number _____ (if not available, please write N/A)

Charges to be accepted:

Please circle, what is applicable to charge to the credit card provided.

- Room
- Meals
- Soft Drinks
- Alcohol
- Ancillaries (kiosk, phone calls, printing etc)
- Room Bond

CREDIT CARD TYPE	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Amex <input type="checkbox"/> Diners Amex and Diners incur a 3% surcharge Visa and MC incur a 1.5% surcharge.
CREDIT CARD NUMBER	
EXPIRY DATE	
NAME OF CARDHOLDER (OWNER)	

Please complete the information below:

I _____ authorize Seasons Hotel Newman to charge my credit card
(full name)

indicated ABOVE for payment for applicable charges as stated above.

SIGNATURE _____ DATE _____

Check in Requirement for Guest

Upon Check in – we do require a security bond in the form of a credit card imprint to cover any
*ancillary charges.

Ancillary charges can include but not limited to: Charges not being paid for by the credit card as stated
above. This may include: Food, Beverage, Kiosk items, valet laundry, unreturned keys, etc.