



STAMFORD
Grand
Adelaide

CREDIT CARD CHARGE AUTHORITY FORM

Attention:

Tel Number: ()

Fax Number: ()

Hotel Use Only

Conf/Folio:

Date Auth Recv:

This completed and signed form serves as authorisation for Stamford Hotels & Resorts to debit the Credit Card provided in this form for all products and services outlined below. Please advise guests they will be required to provide either \$100 cash deposit or a credit card imprint on arrival for any charges that are not covered. Authorisation must be received 24 hours prior to guest arrival.

ACCOMMODATION DETAILS

Guest Name:		
Address for receipt:		
Suburb:	State:	Postcode:
Arrival Date:	Departure Date:	
Amount Authorised		
Email Address:		
Charges Authorised:		
<input type="checkbox"/> Room Only <input type="checkbox"/> Room & Breakfast <input type="checkbox"/> Room & All Meals <input type="checkbox"/> All Charges <input type="checkbox"/> Guarantee only <input type="checkbox"/> Other (please specify) :		

CREDIT CARD CHARGE DETAILS

Please note that Visa and MasterCard transactions attract a 1.33% surcharge. Amex/JCB attract a 2.37% surcharge and Diners Card attract a 3.44% surcharge.	
Card Holders Name:	Credit Card Type:
Credit Card Number:	Credit Card Expiry Date: /
Card Holders Signature:	
The signature placed here must match the signature on both the Credit Card & Photo ID below. Copies must be legible.	
Date of Authority:	Cardholder Telephone Number: ()

**Please provide a copy of the front
of the Credit Card here**

**Please provide a copy of
reverse side of the card here**

**Please provide a copy of the front
of the Photo ID here**

**Please provide a copy of
reverse side of the Photo ID here**