



Credit Card Authorisation Form

NAME OF GUEST (S)	
ARRIVAL DATE	
DEPARTURE DATE	
CONFIRMATION #	
QUOTED RATE	
COMPANY NAME	

I (name), hereby authorise the **Seasons of Perth** to charge the following to the nominated credit card below for the guest(s) stated above.

<input type="checkbox"/> Room	<input type="checkbox"/> Telephone Calls
<input type="checkbox"/> Breakfast	<input type="checkbox"/> Dry Cleaning
<input type="checkbox"/> Lunch / Dinner	<input type="checkbox"/> Car Parking
<input type="checkbox"/> Room Service	<input type="checkbox"/> All Charges
<input type="checkbox"/> Mini Bar	<input type="checkbox"/> Other (please specify)

Please be advised if 'All Charges' is not selected a credit card is required on check in.

Nominated Credit Card Details

NAME OF CARD HOLDER	
CARD TYPE	
CARD NUMBER	
EXPIRY DATE	
CCV NUMBER	
CARD HOLDER'S SIGNATURE	
TELEPHONE CONTACT	
FAX CONTACT	

Signature: _____ Date: _____

Please note that all payments made by a Credit Card will incur a 1.3% non-refundable credit card surcharge. Payments made on a credit card will be charged in Australian Dollars (AUD). Guest(s) will need to make arrangement at time of booking and prior to arrival if they wish for the accommodation/ incidentals to be charged in a foreign currency. A 1.3% surcharge will still apply in the case we are requested to charge in a foreign currency.

On confirmation of details, please email/fax back the completed form before the guest checks in. Failure to do so may result in the guest being charged directly for their stay.

*** Please also fax/email a copy of the back and front of the nominated credit card and credit card holder's identification (security purposes) and return to reservations.sop@sahg.com.au or fax 08-9325 7383 before the guest checks in.

Failure to do so may result in the guest being charged directly for their stay **
All information is kept confidential and used only for the purposes as noted above.