

# PAYMENT AUTHORISATION FORM

BOOKING REF:.....

ARRIVAL DATE: .....

BOOKER NAME:.....

**PLEASE NOTE THAT WE WILL ONLY ACCEPT PAYMENTS ON A CREDIT OR DEBIT CARD**

**CREDIT CARD PAYMENT (Please tick where applicable)**

VISA       MASTERCARD       AMEX

**DEBIT CARD PAYMENT (Please tick where applicable)**

SWITCH / SOLO       DELTA       VISA DEBIT       VISA ELECTRON       MAESTRO

## CREDIT / DEBIT CARD BILLING ADDRESS

Please fill all information below clearly and correctly (including security code).

**NAME OF CARDHOLDER:** .....

**CARDHOLDER ADDRESS:** .....

**POSTCODE:** .....

**TEL:** .....

**EMAIL:** .....

**CARD NUMBER:** ...../...../...../.....

**START DATE:** ...../..... **EXPIRY DATE:** .....

**ISSUE NO:** ..... **SECURITY CODE:** .....

Please provide Photo ID and Payment Card copy from both sides from card holder with this 3rd party form to process the payment.

I authorise the following amount to be debited:

**SIGNATURE:** ..... **DATE:** .....