



CREDIT CARD AUTHORITY FORM

Company:.....

Name of Guest(s):.....

Arrival Date:

Departure Date:

Confirmation Number:

METHOD OF PAYMENT

Credit Card Type:

Cardholder's Full Name:

Cardholder's Contact Number:

LAST 4 DIGITS OF CARD NUMBER:

(The full number will be taken over the phone):

Expiry Date:

Cardholder's Signature:

CHARGE BACK

☐ Room Only

☐ Room and Breakfast

☐ Room and Food

☐ Non-Alcoholic Beverages

☐ Alcoholic Beverages

☐ All Charges

☐ Valet Parking

☐ Internet

☐ Dry Cleaning

☐ Other (please specify) _____

Please note VISA/MasterCard transactions will incur a Merchant Service Fee of 1.5% and AMEX/JCB and Diners transactions will incur a Merchant Service Fee of 3%

INVOICE TO BE EMAILED OR MAILED TO

Name:

Print block letters please

Address:

.....

Or Email:

Crowne Plaza Surfers Paradise
2807 Gold Coast Highway, Surfers Paradise QLD 4217
Ph 07-5592 9900
Fax 07-5592 9994