

CREDIT CARD PAYMENT AUTHORIZATION FORM

Hotel Name: The Halkin

Dear Sir/Madam,

Please complete this credit card authorization form and return the completed form to us prior to the guests' arrival. Once received, we will contact you to obtain your full credit card number.

Name of guest				
	(name	of person whose account	is being paid for)	
Date of Arrival	Date of Depa	arture	Confirmation Number	
Please complete either	Part 1 or Part 2 (to be co	mpleted by the credit ca	rd holder)	
1) I		hereby authorize	The Halkin	
to settle all charges for the	above named guest to m	y credit card.		
All Charges will include	paid outs: 🖵 YES 🛛 N	0		
2) I		_hereby authorize	The Halkin	
to charge the following am	ount of	for the above named	guest to my credit card.	
Deposit	All Incidentals	Gift Certificate	Room and Tax	
All Banquet Charges	s 📮 Food & Beverage	Others, please sp	ecify	
Cardholder's name				
Credit card type, please circle	e: Amex Master Card	Visa Cardholde	r's signature	
Credit card number (last 4 di			Expiration date	
		Email address		
Contact number: Country coo	deArea code	Tel. Number		
	Is or other related services u	inless with approval from th	my credit card. There will be no refund fo e management of <u>The Halkin</u> greed to the use of my personal informa	·
Signature	Date _			
Plea	ise fax completed for or e		(0)20 7447 1100	
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