



CREDIT CARD CHARGE AUTHORISATION FORM

I hereby authorise The Playford to charge the below mentioned credit card for services rendered for the following guests and/or function.

N.B. all credit cards attract a 1.5% surcharge

GUEST DETAILS

Name: _____

Date(s) of stay, if applicable: **Check in** _____ **Check out** _____

Date of function: _____

Company Name: _____

Street Address: _____

Suburb: _____ State: _____ Postcode: _____

Phone number: _____ Fax number: _____

Function

(please tick where appropriate)

Meeting/Conference

Wedding

Social function

Other

Accommodation

(please tick where appropriate)

Room Only

Room & Breakfast

All Charges

Authorisation / Guarantee

Miscellaneous

(Please note that a cash deposit or credit card imprint is required on arrival if all charges are not accepted by this authorisation. A credit card imprint is also required for bookings for Hotel Suites)

CREDIT CARD AUTHORISATION

CREDIT CARD NUMBER:

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EXPIRY DATE:

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Type of credit card: _____ Cardholder Name: _____

A photocopy of the front and back of the credit card must also be provided to validate the identity of the card holder and signature

*Conditions: I agree that my liability for this account is not waived and I agree to be held personally liable in the event that the indicated person, company or association fails to pay for the amount of the charges. All rooms are for residential use only (maximum number of guests per room and noise restrictions apply). Any damage to room or content, and all mini bar purchases must be declared at time of check out and paid for. Any non-declared items will be charged to your account after check out and without further notice. *

Signature: _____ Date: / /

I do / do not want a copy of the invoice sent to me (please circle where appropriate)

Email: _____