



Credit Card Authorisation Form

Important: (please note: there is 2% transaction fee on credit card payments)

Date _____ / _____ / _____

I (name) _____ hereby authorize Auckland City Hotel to charge my credit card with the expenses incurred by:

Guest name(s)	From (date)	To (date)
_____	_____	_____
_____	_____	_____

Payment component:

All charges Accommodation Only Incidental Charges only

Other (please specify): _____

Credit card type:

American Express * Diners Club Visa MasterCard

Credit Card Number:

Expiry Date: / *Amex 4 digit pin:

CVV number:

Name on Credit Card:

Signature:

Billing Address (Where credit card statements are sent)

Telephone: _____