



CREDIT CARD AUTHORIZATION FORM

NAME OF GUEST	
ARRIVAL DATE	
DEPARTURE DATE	
CONFIRMATION #	
QUOTED RATE	
COMPANY NAME	

I hereby authorise the Seasons Darling Harbour to charge the following to the nominated credit card below for the guest stated above,

<table style="border: none;"> <tr><td><input type="checkbox"/></td><td><i>Room Only</i></td></tr> <tr><td><input type="checkbox"/></td><td><i>Breakfast</i></td></tr> <tr><td><input type="checkbox"/></td><td><i>Lunch</i></td></tr> <tr><td><input type="checkbox"/></td><td><i>Dinner</i></td></tr> <tr><td><input type="checkbox"/></td><td><i>Room Service</i></td></tr> <tr><td><input type="checkbox"/></td><td><i>Mini Bar</i></td></tr> <tr><td><input type="checkbox"/></td><td><i>Movies</i></td></tr> </table>	<input type="checkbox"/>	<i>Room Only</i>	<input type="checkbox"/>	<i>Breakfast</i>	<input type="checkbox"/>	<i>Lunch</i>	<input type="checkbox"/>	<i>Dinner</i>	<input type="checkbox"/>	<i>Room Service</i>	<input type="checkbox"/>	<i>Mini Bar</i>	<input type="checkbox"/>	<i>Movies</i>	<table style="border: none;"> <tr><td><input type="checkbox"/></td><td><i>Alcohol</i></td></tr> <tr><td><input type="checkbox"/></td><td><i>Telephone calls</i></td></tr> <tr><td><input type="checkbox"/></td><td><i>Dry Cleaning</i></td></tr> <tr><td><input type="checkbox"/></td><td><i>Flowers</i></td></tr> <tr><td><input type="checkbox"/></td><td><i>Bottle of Wine / Champagne</i></td></tr> <tr><td><input type="checkbox"/></td><td><i>All Charges</i></td></tr> <tr><td><input type="checkbox"/></td><td><i>Other (please specify):</i></td></tr> </table>	<input type="checkbox"/>	<i>Alcohol</i>	<input type="checkbox"/>	<i>Telephone calls</i>	<input type="checkbox"/>	<i>Dry Cleaning</i>	<input type="checkbox"/>	<i>Flowers</i>	<input type="checkbox"/>	<i>Bottle of Wine / Champagne</i>	<input type="checkbox"/>	<i>All Charges</i>	<input type="checkbox"/>	<i>Other (please specify):</i>
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Nominated credit card details:

NAME ON CARD	
CARD TYPE	
CARD NUMBER	
EXPIRY DATE	
CCV NUMBER	
SIGNATURE OF CARD HOLDER	
TELEPHONE NUMBER	
FAX NUMBER	
EMAIL	

SIGNED: _____ **DATE:** _____
POSITION: _____

****Please also fax a photocopy of the back and front of the nominated credit card and return to 02 9268 5666 before you guest checks in. Failure to do so may result in the guest being charged for their stay****