

CREDIT CARD AUTHORISATION FORM

1. Booking Details

Organiser Name/ Guest Name			
Resort		Room Type	
No. of Guests		Conf Number	
Check In Date	/ /	Check Out Date	/ /

2. Credit Card Details

Name on Credit Card			
Credit Card Number	/	/	/
CCV Number (3 digits)			
Signature of Card Holder			

3. Authorisation

Deposit Amount	\$	Deposit Due Date	
Balance Amount	\$	Balance Due Date	

I _____ the card holder authorise LeisureCom to charge the amount of \$_____ off the credit card supplied. The balance (if applicable) will automatically be deducted from this credit card on the due date.

Signed _____ Date: _____