

## **CREDIT CARD AUTHORISATION FORM**

	Date:	
Guest Name:		
Company Name:		
Arrival date:	Departure date:	
The below listed cards are the only a	accepted at Swiss-Belhotel Brisbane.	
□ Visa □ American Exp	ress Diners Club MasterCard	
Reservations will be guaranteed for arriven nights accommodation no show penalty.	al to credit card. Any reservations that fail to show will be charg	ged one (1)
Credit Card Number:		
Expiry Date of Card:		
Card Holder Name:		
Card Holder Signature:		
Card Holder Phone Number:		
Card Holder E-mail Address:		
Address for Receipt:		
* Please not	te: on all credit card payments an additional surcharge a 3% on American Express & Diners, 2% on Visa & Mast	
I hereby authorise the follo	wing charges to be applied to the above credit car	d.
Accommodation only	Accommodation and Breakfast only	
All Charges	\$ Amount	
Specific Charges:		
By signing the above and sub documents, I confirm that I h	mitting this form via email or fax and any supporting ave agreed to debit my credit card for above reservatior	ו(s).
a photocopy of both sides of	e and return to Swiss-Belhotel Brisabne reservations with credit card to be debited. Please be aware that the for this form to be approved for reservation	ſ
21	Swiss-Belhotel Brisbane 18 Vulture Street, South Bank, Brisbane, QLD 4101 Phone: +61 (07) 3120 0800 Email: brisbane-info@swiss-belhotel.com	