



CREDIT CARD AUTHORISATION FORM

Attention: _____

Date: _____ / _____ /20 _____

Please complete all the below fields and return this form as well as a photo copy of the front and back of the credit card to the hotel at your soonest convenience.

Fields marked with * are mandatory. The reservation will not be confirmed until this information is provided.

*Guest Name(s): _____ Reservation Number(s): _____

*Arrival Date: _____ *Departure Date: _____ *Total Nights _____

*#Adults: _____ *#Children: _____ *Guest Contact Number: _____

Credit Card Details: (Please note that if you are using an AmEx Card a 3% surcharge will apply) (Please circle)

*Name on Card: _____ *Card Type: Visa M/Card AmEx

*Card Number: _____

*Expiry Date: _____ / _____ *CVV: _____

Card Holders Address: _____

Card Holders Contact Number: _____

Card Holders Email Address: _____

***Authorisation For:** (Please circle ALL relevant charges to be included)

Accommodation Security Food Beverage Phone Calls Laundry Deposit Only

Other (Please specify): _____

*Amount to be charged immediately: \$ _____

*Max amount authorised: \$ _____

I the undersigned, do hereby agree that the credit card listed above is to be charged as noted here within. I also understand that should the above information change, I must forward a revised copy before The Atrium Resort will charge additional items or amounts. By signing this Authorisation Form I am giving the Atrium Resort permission to use the enclosed information as required by the hotel and understand that it will not be used for any other purpose than stated above.

Card Holders Signature: _____ Date: _____ / _____ /20 _____

65 Ormsby Terrace – PO Box 292, Mandurah WA 6210

Telephone: (08) 9535 6633 Fax: (08) 9581 4151 Web: www.atriumhotel.com.au Email: reservations@atriumhotel.com.au

ABN: 83 733 720 581