**CREDIT CARD AUTHORISATION FORM**

I, the undersigned, hereby authorise the Park Inn Cape Town, Newlands to debit my credit card.

|  |  |
| --- | --- |
| **Name of Cardholder:** |       |
| **Postal Address**: |       |
|  |       |
|  |       |
| **Telephone Number:** |       |
| **Fax Number:** |       |
| **Type of Card:** |       |
| **Card Number:** |       |
| **Expiry Date:** | Click here to enter a date. |
| **Reservation Number:** | **HSSC 593222** |
| **Guest Name:** |       |
| **Arrival Date:** | Click here to enter a date. |
| **Departure Date** : | Click here to enter a date. |
| **Amount or charges to be Debited:** | Account to be settled upon check in/deposit upon check in. |
| **Signature:** |  |

**Once completed, kindly e-mail a copy of the front and back of the credit card to as well as the cardholders Id to** **bronwyn.wakefield@parkinn.com** **Please cc in** **sanho.tides@outlook.com**

Kind Regards,

Bronwyn Wakefield

Meetings & Events Coordinator