

CREDIT CARD AUTHORISATION FORM

Please email completed form to your designated event/group coordinator

Event/Group Name:	•				
	-				
Hotel Agreement #:	· ·				
Hotel Name		Hilton Darwin - 32 Mitchell St, Darwin, NT			
place an 'X' next to the applicable hotel		DoubleTree by Hilton Darwin - 122 Esplanade, Darwin, NT			
	DoubleTree	DoubleTree by Hilton Esplanade Darwin-116			
		DoubleTree by Hilton Alice Springs-82 Barrett Drive, Alice Springs, NT			
	<u>.</u>				<u> </u>
place an 'X' to indicate preference		o be made by	credit card	Use credit card as GU	JARANTEE ONLY
·			•		
ARDHOLDER					
lease complete the	following section	n and sign/c	date below:		
Cardholder Nam					
as it appears on car	rd:				
Credit Card Numbe	er:			Expiry:	/
Credit Card Type	e: VISA / MASTER	CARD / AME	X / DINERS	Telephone:	
Email Addres					
Email Addres	,S				
DIVIDUAL ACCO	MMODATION (i	f applicable)		
authorize for the be	low charges to b	e charged b	ack to the ev	vent master account	
	C = - (' '	Ch I		Specify charges co	vered
Cupat Nama	Confirmation	Спеск In Date		e.g. accommodation, bre	akfast, meals,
Guest Name	#	III Date	Out Date	internet, ALL charges	
ai susina a hada	the avier the hetelts	alaa waa waxay	avadit asvalfa	· All avant valated above	
				· ALL event related charg aat if 'all charges' has bee	
				ve card number at the til	
ent conclusion.	-				
Cardholder Signature:				Date:	