



University House – Credit Card Authority Form

Contact Person:					
Guest Name:					
Company:					
Address:	Street				
	Suburb		Postcode		State
	Phone				
	Email				

Charges Authorised:				
<input type="checkbox"/> Accommodation	Arrival:	/	/20	Departure:
				/
				/20
<input type="checkbox"/> Breakfast	<input type="checkbox"/> Internet	<input type="checkbox"/> Mini Bar		
<input type="checkbox"/> Other Incidentals (Please Specify):				

Credit Card Type:			
Visa	MasterCard	Diners	Amex

Card Number: _____ / _____ / _____ / _____	
Expiry Date: ____ / ____	CCV/CVC: _____
Cardholder Signature:	
Cardholder Name:	

TOTAL PAYMENT:	\$.....	Tax Invoice required? <input type="checkbox"/>
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Surcharges will be charged on the following cards:

Visa, MasterCard and AMEX .96%
Diners 3.13%

STAFF SIGNATURE: **DATE:**