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## **CREDIT CARD AUTHORISATION**

Please complete the form with required details and email the authority to TFE HOTELS on email to: reservations@tfehotels.com

I authorise TFE Hote	els to charge	my cred	it card:			
For the stay of	_	-				_
Arriving						_
Departing						_
For the following ch	arges: (Pleas	e Circle)	)			
<ul> <li>Room</li> <li>Food and Bey</li> <li>All charges</li> <li>Others (Please)</li> </ul>	-					
My Credit card: (Ple	ase select fro	om one	of the fol	lowing optio	ns)	
Visa	No:			XXXX	Exp date:	
MasterCard	No:			XXXX	Exp date:	
American Exp.	No:			XXXX	Exp date:	
Diners	No:			XXXX	Exp date:	
apply for MasterCa	rd, Visa Card	, Ameri	can Expr	ess and Unio	note that a 1.2% credit card transa n Pay. A 2.5% credit card transaction nent via cash or EFTPOS.	
Email or mailing Add	dress for rece	eipt to b	e sent to	:		

By signing this authorisation letter, I agree to pay the charges that I have selected above.

Full name, bold and capitals

Signature









TFE hotels COLLECTION