

CREDIT CARD AUTHORISATION FORM

Tel No.: 6737 2200

Fax No.: 6738 2382

To: _____

Email: resvn.orchard@meritushotels.com

Dear Sir/Madam,

Please fill in the requested details below and return this form to us with **A PHOTOCOPY OF FRONT AND BACK OF CREDIT CARD.**

Name of Cardholder: (as appear on your card)

Contact No. :

(Tel) _____

Address:

(HP) _____

Email address:

No.	Guest Name	Confirmation No.	Max. Guaranteed Amt (SGD)	Check-in Date	Check-out Date
1					
2					
3					
4					
5					

*** No show and cancellation charge will also be borne by cardholder subject to Hotel's cancellation policy.**

Expenses authorised to be charged: (Please tick)

- All charges (Includes a deposit of SGD100.00 per room per night for potential incidental charges)
- Room and Tax only (A deposit of SGD100.00 per room per night for potential incidental charges will be collected from the guest upon check-in at the counter)
- Incidentals
- Others: *(Please specify)* _____

Credit Card No.: - - -

Expiry Date: /

CVV No.: *(Amex Card 4 digits on front of credit card; Visa Card 3 digits at the back of credit card)*

By signing below, I hereby authorise Mandarin Orchard Singapore to charge my credit card for the account of the individual(s) named above subject to any conditions and limitations concerning dates, types and amounts set out on this form. I agree that this form may be disclosed to the individual(s) named above.

Signature as on the back of Credit Card:

Date:
