



MONASH University

HOTEL - CREDIT CARD AUTHORITY FORM

FAX TO: Reservations Manager - *(Name of Hotel)*

FAX No: *(Hotel Fax)* **Total No. Pages:** ...1.....

FROM:..... *(Name of Sender)*

DEPARTMENT: **FAX No:**

EMAIL: *(Email of Sender)*

DATE:

The following Credit Card details cover the reservation booked on-line with your hotel for the guest below against the reservation number :

Enter Reservation Number returned by Hotel

NAME: Prof/Dr/Mr/Ms *(Name of Guest)*

DATE IN: **DATE OUT:**

NAME OF CARDHOLDER

CREDIT CARD NO: **EXPIRY DATE:**

TYPE: MasterCard Other (Specify).....

- AUTHORISED CHARGES:**
- Room only
 - Room + Breakfast
 - Room + all meals
 - Whole account
 - Other:

AUTHORISED BY: Name: *(Name of Cardholder)*

Title:

Signature:

IMPORTANT: Photo Copy Front Side only of the Credit Card and send with this fax