



Hotel Grand Chancellor Hobart
Reservations Department
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CREDIT CARD AUTHORISATION

Att: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Company: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Please complete all sections below and forward to us with photocopies of both back and front of the nominated card. If we do not receive the photocopy of the credit card and all fields completed we are unable to accept this payment authority.

Guest Name: \_\_\_\_\_

Arrival Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Departure Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Confirmation #: \_\_\_\_\_

I, \_\_\_\_\_, authorise the following charges

- All Charges
Accommodation & Breakfast
Accommodation Only
Other (please specify)

to be charged to the following credit card: (Please note a 1.5% surcharge applies to all credit card transactions)

VC MC DC AX (please tick one)

Card No: \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_ Exp: \_\_\_\_/\_\_\_\_/\_\_\_\_

Card Holder's Name (printed): \_\_\_\_\_

Card Holder's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Copies of receipts are to be forwarded to:

Three horizontal lines for providing recipient details.