

Darwin Wharf Escape Holiday Apartments



Credit Card Authorization / Credit Card Payment Form

Name of Guest: _____

Guest Dates: _____

Credit Card Number: _____

Name on Credit Card: _____

Exp: _____ CCV/CCV2 Security Code: _____

Billing Address: _____

City: _____ State: _____ Postcode: _____

Phone Number: _____ Mob: _____ Fax Number: _____

Please tick one of the credit card types:

VISA



MasterCard



Credit Card to be used for:

- For all Charges
- For Extra's Packs Charges and incidentals
- For only incidentals
- For deposit Charges
- For excess cleaning charges and damages
- Authorized for during all future functions / stays

By signing this form I authorize the Darwin Wharf Escape Holiday Apartments to bill all the charges marked above to the credit card listed.

Cardholder's Signature

Date

- Send copy of bill to my billing address
- Send copy of bill to my fax number
- Do not send me a copy of the bill

