**CREDIT CARD AUTHORITY**

|  |  |
| --- | --- |
| Date: |  |
|  |  |
| I authorise |  |
|  |  |
|  | Tanoa Plaza Hotel  |  |  | Suva Motor Inn |
|  |  |  |  |  |
|  | Suva Peninsula Hotel  |  |  | Victoria Palms Hotel |
|  |  |  |  |  |
|  | Grand Pacific Hotel |  |  |  |

To charge my credit card in the amount below for deposit/payment. In addition, I understand that any additional charges (including incidentals) remining after the stay of this guest/s may also be charged to the following credit card.

**STEP 1**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **VISA** |  | **MASTERCARD** |  | **DINERS CLUB** |  | **AMERCIAN EXPRESS** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **NUMBER:** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | **EXPIRY:** |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **CVV NUMBER:** | **4-digit non-embossed code on the front of AMEX cards:****3-digit code on the back of all the cards (in signature panel)** |  |  |  |  |
| **NAME ON CARD:** |  |
| **SIGNATURE:**  |  |
|  | [MUST BE CARDHOLDERS SIGNATURE TO BE ACCEPTED] |
| **BILLING ADDRESS:** |  |
|  |  |
| **CONTACT NAME:** |  | **PHONE:**  |  |

**STEP 2**

|  |  |  |  |
| --- | --- | --- | --- |
| **GUEST NAME:** |  | **CONFIRMATION NUMBER:** |  |
| **ARRIVAL DATE:** |  | **DEPARTURE DATE:** |  |
| **COUNTRY/ FEDERATION:** |  | **RATE $** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **BILLING:**  |  | **ROOM ONLY (INC.TAXES)** |  |  | **ROOM & ALL MEALS (INC.TAXES)** |
|  |  | **ALL CHARGES (INC.TAXES)** |  |  | **ROOM & BREAKFAST (INC.TAXES)** |
|  |  | **OTHER:** |  |
|  |  | **GUARANTEE – (USE THIS CREDIT CARD TO GUARANTEE INCIDENTALS, GUEST WILL SETTLE UPON DEPARTURE)** |

**STEP 3**

|  |  |  |
| --- | --- | --- |
|  | Please attach a front and back photocopy of the credit card that is to be charged. | Form Completed by: |
|  | Please fax this form prior to the guest’s arrival to allow for processing | Name: |  |

**\*\*PLEASE BE ADVISED THAT THERE WILL BE A SURCHARGE INCURRED ON ALL CREDIT CARD PROCESSED\*\***