



CREDIT CARD CHARGE AUTHORITY FORM

1.5% surcharge is applied to all accounts settled by credit card

BILLING INFORMATION

I hereby authorise payment for *name/invoice*: 1. _____

2. _____

Check in Date: _____ *Check out Date*: _____

Total Amount: _____

Credit Card Number _____

Credit Card Holder Full Name: _____

Type of Card _____ **Expiry Date** _____

Credit Card Holder Signature: _____

Please provide an address/email or fax number to send the tax invoice/receipt:

Please return to Finance on fax number: 07 3237 2471 Phone: 07 3237 2484

Accor Privacy Policy

To provide you with a broad range of information in relation to tourism, hospitality and services and to assist in delivering a better service to you, the Accor Group and the owner of this Hotel will retain the above information. For details about Accor and the owner of this Hotel; how we may use your information; and what your rights are under the Privacy laws, please see our Privacy Policy which is available from this Hotel or from our Corporate Office on request.

Tick the box if you do not wish this Hotel to send you marketing material for goods or services in the tourism, hospitality or services industries; or to give your details to other members of the Accor Group or companies in which the Accor Group holds shares.

If you do not wish the Accor Group to send marketing material for goods or services in the tourism, hospitality or services industries, as result of information it may have about you from another source, then please contact the Accor Privacy Officer, whose contact details are set out in the Accor Privacy Policy.

Please note that you may elect to stop receiving such information at any time.

Yes, I would like to receive information concerning Accor.

No I would not like to receive information concerning Accor.