



QUALITY HOTEL BAYSWATER

78 - 80 RAILWAY PARADE, BAYSWATER, PERTH, WA 6053 AUSTRALIA
TEL: +618 9271 7111 ~ FAX: +618 9272 5204

A.B.N. 92 245 635 951

CREDIT CARD AUTHORISATION FORM

I, _____ (credit card holder) authorises **Quality Bayswater Hotel** to charge my credit card for the cost incurred by _____ (name of the guest) as stipulated below – please tick appropriate box:

- ☐ All charges include Bond* ☐ Food & Beverage charges
☐ Room only charges ☐ Other charges – please specify _____

***If any exceptions are noted on this form then the guests will need to have own incidental securities upon arrival to check in.**

Please note: Bond coverage extends to but not limited to any unforeseen fee or charges payable by the guests including fee applicable if found smoking in the room and/or property, damages to the property and all other such fee/charges.

Please advise which type of credit card we are to charge by ticking the appropriate box and place all digits including the expiry date and card security code in the space provided below:

- | | | |
|--|--|---|
| <input type="checkbox"/> American Express
Incurs 2.5% surcharge | <input type="checkbox"/> Visa Card
Incurs 1.5% surcharge | <input type="checkbox"/> Choice Corporate Charge Card |
| <input type="checkbox"/> Diners Club
Incurs 2.5% surcharge | <input type="checkbox"/> MasterCard
Incurs 1.5% surcharge | <input type="checkbox"/> China Union / JCB
Incurs 2.5% surcharge |

Card Number: _____ Expiry Date: _____

Name on the Card: _____ Security Code: _____

Signature (of the card holder): _____

This authorisation is only valid for charges incurred within the dates from _____ to _____

Please return the completed form to hotel by fax on (+61 8) 9272 5204 or scan email at: info@bayswaterhotel.com.au

Thank you for your co-operation in providing us with this information.

Please specify an address for a tax invoice to be sent:

Address/Email: _____

City/Suburb: _____ Post Code: _____

It would also be much appreciated if you could provide us with your **best contact telephone number** _____

Photocopy credit card
signature side up

Photocopy cardholder's
driver license photo side up

Please provide all information as requested. Thank you!