

CREDIT CARD AUTHORITY

Company Name (if applicable)

Guest Name

Arrival Date:

Departure Date:

Credit card payment Mastercard Visa Amex – 5% surcharge

Card number

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Expiry

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Name on Credit Card

Cardholder's Address

Phone Number

Authorized Charges to the above card

Room only Room & meals All charges

Shuttle Service (\$5.50/pp) Car Parking

I hereby authorize the Aviators Lodge Motel to deduct payment for charges from my credit card relating to this reservation as per the above information. I understand that the Aviators Lodge Motel will place an authorization on my card 48 hours prior to arrival for a total of \$200.00. I also understand that where authorized, remaining charges will be processed upon the guest's departure. I understand that should the booking be cancelled with less than 48 hours notice (2pm two days prior to arrival) that the amount of the first night's accommodation is non-refundable.

Cardholder's Signature

Date

Return with **photocopy of Photographic Id & front and back of Credit Card** supplied to

Email: reception@aviatorslodge.com.au

Fax: 08 8353 2868

TAX INVOICE REQUIREMENTS

Please forward a copy of Tax Invoice upon departure of guest to:

Attention to:

Email: