



Credit Card Authorization Form

Dear Sir/Madam,

This form has been created in order to allow you to have third party expenses charged to your credit card. Please provide all the information requested below to ensure prompt processing of your application. We ask you to please sign and date the form before submission.

Cardholder Information:

Name as it appears on the credit card: _____

Card type: Visa _____ MC _____ Amex _____ Diners/CB _____ Discover _____ JCB _____

Account type: Individual (personal credit card): _____

Corporate/Company Name: _____

Account Number/Credit card no. : _____ Expiry date: _____

Address: _____

(Where statement is mailed)

Phone Number: _____ Email for communication:- _____

Guest Information:

Guest Name: _____ Check in : _____ Check-out: _____

I hereby authorize Hotel Sahara Star to collect payment for all charges as indicated below/as per the confirmation by processing a charge to the credit card listed above. I understand that a new form will have to be completed if guest wishes to extend his/her stay. I certify that I am the authorized signer of the credit card listed above.

- Room and Tax
- All Charges – Total Bill
- Room, Tax & Meals & Soft Beverages
 - Room, Tax & Meals & Soft Beverages & Airport Transfers
 - Breakfast and taxes

We require the following documentation in order to process the charges:

Front and back copy of the credit card with the full signature of the card holder, If company card, a letter on the company letter head with the signature of the authorized signatory.

Cancellation / Amendment / No show Policy:

- 48 hours prior to arrival to avoid a one night's retention charge on rooms and taxes
- In an event of no show, the same default will be charged to the guest's credit card

I certify that all information is complete and accurate

Cardholder Name: (Printed) _____

Cardholder's Signature: _____ **Date:** _____