

OCEANA HOTELS 3rd PARTY CREDIT/DEBIT CARD AUTHORISATION FORM

Dear Sir/ Madam,

This form has been created in order to allow you to have third party expenses charged to your company/ personal credit or debit card without you having to be present. Please provide all the information requested below to ensure prompt processing of your application. We request that you also provide a copy or scan of the front of the card you wish to pay with, clearly displaying only the last 4 digits of the long card number and expiry date. Please hide the first 12 numbers, sort code and account number. Please ensure you sign and date the form before submission. Please fax the completed form to Oceana Hotels - Central Reservations Department - Bournemouth on +44 (0) 1202 208 620 or e-mail cr@oceanahotels.co.uk

This form must be returned 24 hours before guest arrival with copy of the front side of your card.

*****Please note company credit cards must be registered to the company address and not the individual employee's address/name.**

Cardholder Information (Required):

Company Name or name as it appears on the card : - - - - -

Card Type: Visa Visa Debit Mastercard Maestro/ Solo Amex

Card Number (only last 4 digits) : x x x x - x x x x - x x x x - _ _ _ _

Exp. Date: _ _ _ _ _

Guest Information (Required):

Guest Name : _ _ _ _ _

Phone Number: _ _ _ _ _

Fax or Alternate Number: _ _ _ _ _

Arrival Date: _ _ _ _ _

Departure Date: _ _ _ _ _

Confirmation Number: _ _ _ _ _

I understand that should there be any issues with the credit or debit card being used to settle my charges, I will be responsible for all expenses incurred during my stay and agree to provide a swipe of my personal credit or debit card on check in. I will also provide a copy of photographic ID if requested by Reception upon check in. Departure date cannot be extended unless a new authorisation form is completed.

All personal details are kept securely on file for future reference. This information will not be used for any purpose other than the purpose that it has been provided for and if that purpose is to change, you will be notified as soon as possible. We will never share your details with any third parties. Information will be held for no longer than is strictly necessary for the purpose in which it was processed.

Guest Name (Please Print): _ _ _ _ _

Guest Signature: _ _ _ _ _

Date: _ _ _ _ _

Rate Information and Authorised Charges (Required):

Total Room Rate: £ _ _ _ _ _ Number of Nights: _ _ _ Board Basis: RO BB DBB

Please Highlight Authorised Charges Below:

All Charges Room & Tax Telephone Restaurant Room Service Laundry

Other: _ _ _ _ _

I certify that all information is complete and accurate I hereby authorise ABQ Investments UK Ltd T/A Oceana Hotels, Mayfair Hotels and Leisure Ltd T/A The Mayfair Hotel or ABQ Hermitage Hotel Ltd T/A Hermitage Hotel to collect payment for all charges as indicated in the rate information and approved charges section of this form by processing a charge to the credit I debit card listed above. Charges must not exceed for the entire stay/event. I understand a new form must be completed if a guest wishes to extend their stay. I certify that I am the authorised signer of the credit /debit card listed above.

Company Name/ Card Holder Name: _ _ _ _ _

Authorised Signature: _ _ _ _ _

Date: _ _ _ _ _