406-410 Sir Donald Bradman Drive

Brooklyn Park. SA 5032

Ph: 08 8234 4000 email: enquiries@adelaideairportmotel.com.au

**CREDIT CARD AUTHORITY**

|  |
| --- |
| Company Name (if applicable) |
| Guest Name |
| Arrival Date: Departure Date: |
| Credit card payment Mastercard Visa Amex 1.98% Diners 1.98% |
| Card number  |
| Expiry / CVV  |
| Name on Credit Card |
| Cardholder’s Address Phone Number  |
| Authorized Charges to the above card Pre-Authorisation Room only Room & Meals All charges Shuttle Service ($8.00/pp) - limited times |
| I hereby authorize the Airport Motel to deduct payment for charges from my credit card relating to this reservation as per the above information. I understand that the Airport 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 one day prior to arrival) that the amount of the first night’s accommodation is non-refundable.  |
| Cardholder’s Signature | Date |
| Return with a **photocopy of the front of the Credit Card supplied & Card holder Photo ID** to:Email: enquiries@adelaideairportmotel.com.au |
| **TAX INVOICE REQUIREMENTS**Please forward a copy of Tax Invoice upon departure of guest to: |
| **Attention to:** |
| **Email:** |