

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 Diners | |
| 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 ($5.00/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 24 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](mailto:enquiries@adelaideairportmotel.com.au)  Fax: 08 8443 4980 | |
| **TAX INVOICE REQUIREMENTS**  Please forward a copy of Tax Invoice upon departure of guest to: | |
| **Attention to:** | |
| **Email:** | |