



ORCHID HOTEL

1 Tras Link

Singapore 078867

Direct Line: 6818 6818 Fax Line: 6818 6868

Credit Card Authorisation Form.

Please fill in the requested details below and return this form to us at least **72 hours prior to arrival.**

Kindly submit a photocopy of front & back of the credit cards as prove as well as for our checking purposes.

Please complete all the details in this form accordingly and fax to us at this number 68186868.

DETAILS OF CREDIT CARD HOLDER

Credit Card Account Number : _____

(As shown in your credit card)

Type of Card / (CVV) / Expiry Date : _____

Name as appeared on the credit card : _____

Date of Reservation/Booking ID : _____

Name of Guest : _____

Details of Authorised Charges : _____

(Fill in the charge amount)

Prior approval obtained from Card Centre : Yes / No

**Delete where necessary

Declaration:

I, _____, hereby authorise "Orchid Hotel Pte Ltd" to charge to my Credit Card Based on the Information given by me as the Card Holder for above mentioned.

Agreed & Accepted by Credit Card Holder

Date

FOR OFFICIAL USE ONLY-AUTHORISED DEPARTMENT

Officer In-Charge : _____

Date/Time: _____

Approval Code : _____

Remarks : _____