

Credit Card Payment Guarantee for Hotel Booking

Instructions: Please fill all the details below and save the file to your computer. Email this file along with a copy of your government issued ID to the hotel email address directly.

Name of Hotel

Group/ Booking ID

Please enter your Group/Booking ID

Name on Credit Card *

Prefix First Name Middle Name Last Name Suffix

Credit Card Number *

Please enter your complete credit card number

Credit Card Expiration Date *

Expiry date (MM/YYYY)

Credit Card Billing Address: *

Please enter the full billing address including street address, city, state & zip/pin code.

Phone Number *

Country Code Area Code Phone Number

I hereby authorize the hotel to use my above-mentioned credit card details to guarantee my booking. (Please also attach your government issued ID along with this form and email it to the hotel directly)

Signature of Card Holder

Date

T R  M P A R