Credit Card Authorization Form

Credit Card Account Details											
Name of Card	Holder										
Passport Number						Birth		Year/	Month/	Day	
Address							Phon	е			
Credit Card No.				_			_				
									CVN Numbe	er □□□	
Credit Card Ex. Date		Мо	onth/	Ye	ar						
Credit Card	Туре	□ VISA	N	//ASTE	R 🗆	JCB					
Credit Card Bank					D	ate		Year/	Month/	Day	
Total Amount		NT\$:									
Order Information											
Guest Name			□san	ne as ca	ard hold	er Ph	one				
Staying Period		Y M D () — Y M D () Staying Nights									
	□Stand	□Standard Double □Executive Double □Deluxe Double □Chief Double									
Room Type	□Standard Twin □Classic Twin □Deluxe Triple □VIP Suite										
Notice :											
 Cardholder agrees to pay to the issuer of credit card used herein or order the amount shown as the total hereon in accordance with the terms of the cardholder's agreement governing the use of the credit card. Please check all information again, and fax the signed copy to: 886-4-22217540 If you have any questions please feel free to contact us. 											
Authorized signature (same signature as appears on the credit ca									dit card)		
Authorization	taff only)			Αι	Authorization Date		(staff o	nly)			

- **** Please fill up and fax back this authorization form to: 886-4-22217540 (The Enterpriser Hotel)**
- strule We also accept SCAN COPY of authorization form (should be clear).

Please e-mail to: service@gohotel.com.tw

TEL: 886-4-22207733 FAX: 886-4-22217540

Mail: service@gohotel.com.tw

No.160, Hoping St., Taichung City, Taiwan

http://www.gohotel.com.tw

