

CREDIT CARD PAYMENT AUTHORIZATION FORM

Fax Completed form	ı to:	Attn:	
Fax number:			
Card number the s Incomplete requests	services shown. Th may be rejected. Yo related charges (les vent conclusion.	nis authorization is valid on ou further acknowledge that if	arge to the referenced Credit ly for the services declared. "all charge" has been selected, the below card number at the
Guest/Event Informa	ntion:		
Guest/Group Name: CEAT Platinum Rome		_Check-in/Event start	
date: 18th Feb 24 Check out/Event end date: 23rd Feb 24		23 rd Feb 24	
Name of Person /Gro	up making reservation	on: Kimaya Acharekar	_Phone <u>9930989759</u>
Card Information:	□ Visa/Mastercard	□ American Express □ JCB	□ Diners Club
Card # : 4421 4900 0	008 1295	Expiration date <u>09</u> /	′30
Card Holder Name as appears on Credit Card: Nyka Events Pvt Ltd			
O .	, <u> </u>	, <u>Hiren Light Indistrial Estate, M</u> <u>rashtra</u> Post Code <u>400016</u> Coun	-
Daytime/Business Te	lephone: <u>993098975</u>	Evening Telephon	e: <u>-</u>
CC issuing bank nam	ne: <u>HDFC</u>	Bank phone no	(from back of CC if
available)			
I agree to cover the fo	ollowing categories o	f charges:	
□ Room & Tax only	□ Food & Beverage □ All charges □ Recreation		
	Deposit □ Invoice/statement name and number		
Other			
I agree to cover the	above categories of	charges up to a maximum am	iount of:
Authorized amount:			
			t payments will be charged to be will be charged at the time
Amount to be immed	iately charged to cre	dit card for room & taxes or dep	oosit:
Authorized amount \$	7087		
Direct bill account p	oayments only: Nam	e on invoice/statement <u>-</u>	
		•	amount <u>\$7087</u>
Credit card holder si	onature:	Date:	04 / 03 / 2024