

CREDIT CARD PAYMENT AUTHORIZATION FORM

Fax Completed form	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 u 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	tion:		
Guest/Group Name: <u>(</u>	CEAT Platinum Rome		_Check-in/Event start
date: 18 th Feb 24		Check out/Event end date:	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>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	only □ Food & Beverage □ All charges □ Recreation		
□ Group Deposit	Deposit Invoice/statement name and number		
Other			
I agree to cover the	above categories of	charges up to a maximum am	ount of:
Authorized amount: 4			
			t payments will be charged to be will be charged at the time
Amount to be immedi	iately charged to cre	dit card for room & taxes or dep	oosit:
Authorized amount <u>€</u>	7087		
Direct bill account p	ayments only: Nam	e on invoice/statement <u>-</u>	
			amount <u>€7087</u>
Credit card holder si	onature:	Date:	04 / 03 / 2024