

Credit Card Authorization Form

Dear Sir, Madame

This form has been created in order to allow you to have third party expenses charged to your credit card. Please provide all the information requested below to ensure prompt processing or your application. We ask you to please sign and date the form before submission. Please fax or e-mail the completed form and copy of Credit Card front and back to us. Fax no: +66 (0) 2 615 - 0990 or e-mail rsvn@galleriatenbangkok.com

Card Holder Information
Name as it appears on the credit card: NOEL C LACORTE
Card type: Visa
Credit card number: 4055 9876 5163 5009 Expiry date: 04 18
Account Type: Individual (personal credit card)
Corporate I Company Name:
Address: 15 ANTIPOLO DEL SUR, LIPA CITY, BATANGAS, PHILIPPINES
City, State and Postcode: LIPA CITY, BATAN6ASPhone / Fax / E-mail: +63 0905 336 1420
Guest Information
Guest Name: Alice M. Lacorte Confirmation no.
Guest Name: Alice M. Lacorte Confirmation no. Company: TIP-Manila, Phils Phone / Fax / E-mail: 468 0917 677 3863 Mars de 08 0017 002 0017
Arrival date: March 29, 2017 Departure date: April 1, 2017
Relation to cardholder: Relative Friend Business Others Spouse
Rate Information Approved Charges
Rate Information Approved Charges
Room Rate: 3,000 THB / No. of Night(s): 3 / Total Amount: 9,000 THB
Room Rate: 3,000 THB / No. of Night(s): 3 / Total Amount: 9,000 THB
Room Rate: 3,000 THB / No. of Night(s): 3 / Total Amount: 9,000 THB All Charges Room Charge Only Room with Breakfast Meal
Room Rate: 3,000 THB / No. of Night(s): 3 / Total Amount: 9,000 THB All Charges Room Charge Only Room with Breakfast Meal Telephone Call Foods & Beverages Laundry Others Extra bud I certify that all information is complete and accurate. I hereby authorized Galleria 10 Hotel Bangkok to collect payment for all charges as indicated in the rate Information and Approved Charges section of this form by processing a charge to credit card listed above. Charges must not exceed 9,000 THB for the entire stay/ event. I understand that a new form will have to be completed if guest wished to extend his/ her stay. I certify that I am the authorized signer of the credit card listed above. Cardholder name: (Printed) NOEL C. LA CORTE
Room Rate: 3,000 THB / No. of Night(s): 3 / Total Amount: 9,000 THB All Charges Room Charge Only Room with Breakfast Meal Telephone Call Foods & Beverages Laundry Others extra bud I certify that all information is complete and accurate. I hereby authorized Galleria 10 Hotel Bangkok to collect payment for all charges as indicated in the rate Information and Approved Charges section of this form by processing a charge to credit card listed above. Charges must not exceed 9,000 THB for the entire stay/event. I understand that a new form will have to be completed if guest wished to extend his/ her stay. I certify that I am the authorized signer of the credit card listed above.
Room Rate: 3,000 THB / No. of Night(s): 3 / Total Amount: 9,000 THB All Charges Room Charge Only Room with Breakfast Meal Telephone Call Foods & Beverages Laundry Others Extra bud I certify that all information is complete and accurate. I hereby authorized Galleria 10 Hotel Bangkok to collect payment for all charges as indicated in the rate Information and Approved Charges section of this form by processing a charge to credit card listed above. Charges must not exceed 9,000 THB for the entire stay/ event. I understand that a new form will have to be completed if guest wished to extend his/ her stay. I certify that I am the authorized signer of the credit card listed above. Cardholder name: (Printed) NOEL C. LA CORTE

Compass Happanery

www.galleriatenbangkok.com