

3rd Party Credit Card Payment Form

To ensure that your accommodation and meetings & events charges are settled according to your wishes, we kindly ask you to complete the following form and return to us signed.

		Reservation Det	<u>ails</u>	
Reservation Ref :				
Guest Name :				
Accommodation Ty	pe:			
Arrival Date :				
Departure Date :				
Number of Nights:				
Room Rate :				
	Car	d Holder's Infor	mation	
First Name:			phone:	
Last name:		Fax:		
Home Address:		Billin	g Address:	
City:		City:		
Post code:		Post	code:	
Company name:				
Date of your stay:				
Credit/Debit card: Ty	ype of credit/det	oit card:		
	Name as it ap	pears on the card	l:	
	Credit card nu	ımber:		
	Credit card va	lid from:		
	Credit card ex	piry date:		
	Issue Number	(if applicable):		
	Security code	(3 digits on the b	ack)	
	Signature of c	ardholder:		



Signature	Name	Date
Thank you for your co-operatio	n. We look forward to being of assistance to	o you.
All costs in connection with the	event (incl. extras requested on the day)	
Conference & Private Events		
Additional incidentals		
•	be paid by individuals (OWN account)	
·	Dinner (Dinner up to £) only and incidentals (eg room service))	
Accommodation and breakfas	•	
Accommodation Accommodation only		П
(Please tick the appropriate se		
I authorize the Ambassadors B	loomsbury to charge the credit/debit card a	above for the cost of:

We will also require you to send a scanned copy of the credit card, both front and back. Please ensure the cardholder signs the card and this 3^{rd} party credit card form.