



AMORA HOTEL
RIVERWALK MELBOURNE

CREDIT CARD AUTHORISATION FORM

CARD HOLDER & CREDIT CARD DETAILS

NAME ON CARD: _____

CREDIT CARD NUMBER: _____

CREDIT CARD TYPE: _____ EXPIRY DATE: _____

SIGNATURE: _____

- Your signature above will constitute a binding for full payment for the below specified charges as well as any damage incurred to hotel property by the guest and or acquaintances
- Please note: 1.4% surcharge applied for the use of Visa & Mastercard. 3% surcharge applies to American Express & Diners Cards.
- Please attach a photocopy of both sides of the credit card & photocopy of photo ID of the card holder

GUESTS NAME/S: _____

CHECK IN DATE: _____ CHECK OUT DATE: _____

I authorise the following charges to be paid with the above credit card:

ACCOMMODATION COST ONLY

ACCOMMODATION & BREAKFAST CHARGES

ACCOMMODATION & MEALS

ALL CHARGES

INCIDENTALS ONLY

Please forward the Tax Invoice & Credit Card Receipt to the following email address;

Your name: _____ Phone number: _____

PLEASE EMAIL TO:

THE AMORA HOTEL RIVERWALK MELBOURNE

RESERVATIONS DEPARTMENT

EMAIL: RES@AMORA.MELBOURNE

649 BRIDGE ROAD, RICHMOND. VIC. 3121
T: 03 9246 1200 E: RES@AMORA.MELBOURNE
WWW.AMORAHOTELS.COM/MELBOURNE