



**CREDIT CARD AUTHORISATION FORM**

Please fill in the requested details below and return this form to us **7 days prior to date of arrival** to Holiday Inn Express Singapore Katong. Kindly forward the duly completed form back to us at Fax 65-6723 2002

**'No charges will be made without the cardholder's knowledge'**

**DETAILS CARDHOLDER**

Card Holder Name : \_\_\_\_\_  
Company : \_\_\_\_\_  
: \_\_\_\_\_  
Contact No. : \_\_\_\_\_  
Email Address : \_\_\_\_\_

**INCURRED AT HOLIDAY INN EXPRESS SINGAPORE KATONG BY:-**

Guest Name : \_\_\_\_\_  
Confirmation No : \_\_\_\_\_  
From (Date) : \_\_\_\_\_

Details of Authorized Charges :  FULL HOTEL BILL  
(Describe charges and/or amount)  ROOM ONLY  
 INCIDENTALS  
 OTHERS  
\_\_\_\_\_

*(Describe charges & amount, please be advised that cash paid out will not be approved)*



SINGAPORE KATONG

I, cardholder hereby authorize Holiday Inn Express Singapore Katong to charge to my credit card, basing on the above information provided.

Type of Card : \_\_\_\_\_

Credit Card Number : \_\_\_\_\_

Expiry date : \_\_\_\_\_

\_\_\_\_\_  
Agreed & Accepted by Cardholder  
(Signature as appears on card)

\_\_\_\_\_  
Date

**Terms & Conditions**

The total charge(S) incurred by the guest(s) is/are payable prior to departure to Holiday Inn Express Singapore Katong. This arrangement is cancelled on departure of guest(S) named, after which any other charges incurred will be payable by the guest(s).

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(FOR OFFICIAL USE ONLY) – CREDIT DEPARTMENT

Officer-In-Charge : \_\_\_\_\_ Date & Time : \_\_\_\_\_

Approval Code : \_\_\_\_\_ Remarks : \_\_\_\_\_