



Guest Name:

Company:

Email Address:

Subject :

Reservation Email: booking4@fragrancehotel.com

Tel no :

THIRD PARTY AUTHORISATION FORM

I, _____ hereby authorize the FRAGRANCE HOTEL MANAGEMENT PTE LTD to debit my credit card for expenses incurred by the following guest(s):

Guest Name	
Hotel Name	
Arrival Date	
Departure Date	
Room Type	
Number of Room	
Promo Code	

- All rates are in SINGAPORE DOLLARS.
- Check-in time is after 15:00 hour and Check-out time is before 12:00 hour (Early Check-in & Late Check-out will be subject to room availability and surcharges).
- Hotel will proceed to charge the above credit card for the whole duration of stay upon receipt of your acknowledgement.
- Any cancellation made within 07 days of the scheduled arrival, a one-night cancellation charge per cancelled room will apply unless otherwise stated.
- For no-show or cancellation on day of arrival, 100% of the charges for the total length of stay or one night room(s) charge, whichever is greater, will be imposed.

Card Holder's Name : _____

Credit Card Type : VISA / MASTER / JCB / AMEX

Credit Card Number : _____ Expiry Date: _____

Signature of Cardholder : _____

*****We require clear photocopy of the front and back of the above credit card.**

Please enlarge and lighten (we need to be able to read the credit card numbers as well as the signature of card holder) before faxing or scanning to us. ***

If you wish us to send a copy of the above bill(s) to you after guest(s) checkout, Please provide us with the forwarding address as well as the name of the addressee.

Addressee:

Address :

If you do not require the above bill(s), please tick