



## CREDIT PAYMENT AUTHORIZATION

Please complete this form and fax it to +6221 6231 7799 along with a photocopy of your credit card. This credit card must be valid for the entire stay. Thank you.

Card Holder's Name	:	<input type="text"/>
Credit Card Type	:	<input type="text"/>
Credit Card Number	:	<input type="text"/>
Expiry Date	:	<input type="text"/>
Total Amount	:	<input type="text"/>
Detail of Expenses	:	<input type="text"/>
Check In	:	<input type="text"/>
Check Out	:	<input type="text"/>
Others	:	<input type="text"/>

I,..... (name), hereby authorize Orchardz Hotel Jakarta to verify my credit card details as a deposit for my stay at Orchardz Hotel Jakarta.

\_\_\_\_\_  
Card Holder Signature  
Date :

Folio No. (Office use only) :