



# Island Inn Hotel

## CREDIT CARD AUTHORISATION FORM

\* Please supply a copy of photo identification and copies of the back and front of the card and return along with completed form to fax number 1-246-432-5297.

Date: \_\_\_\_\_

I, \_\_\_\_\_, authorise Island Inn Hotel in Barbados to charge on my credit card the following:

Amount to be charged: \_\_\_\_\_ US Dollars for \_\_\_\_\_ (no. of nights)

Names on Hotel Reservation: \_\_\_\_\_

Names of all Guests in room: \_\_\_\_\_

#Adults: \_\_\_\_ #Children & Ages: \_\_\_\_\_ Room Type: \_\_\_\_\_ Total # of nights \_\_\_\_\_

Check in Date: \_\_\_\_\_ Check Out Date: \_\_\_\_\_

Flight Arrival # & Time: \_\_\_\_\_ Flight Dep # & Time: \_\_\_\_\_

Other Info: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Parish: \_\_\_\_\_ Country: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Telephone # \_\_\_\_\_ Email \_\_\_\_\_

### Credit Card Information:

Credit Card:          Mastercard      Visa          (please circle one)

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

Expiration Date:          \_\_\_\_/\_\_\_\_ (month /year)

Card Verification Value (CVV) Number: \_\_\_\_\_ (AMEX 4 Digit on Front of Card DISC MC/VISA 3 Digit on Back of Card)

Cardholders Name: \_\_\_\_\_ (exactly as it appears on the card)

X \_\_\_\_\_ (signature of cardholder)

### FOR RESERVATIONS OFFICE USE ONLY

Hotel Confirmation #: \_\_\_\_\_

Deposit Paid: \_\_\_\_\_ Balance Due: \_\_\_\_\_