



Accommodation / Conference Centre / Function Venue

CREDIT CARD AUTHORIZATION FORM

CARDHOLDER INFORMATION:

Name: _____

Name of Company (if applicable): _____

Billing Street Address: _____

City: _____ State/Province: _____ Postal: _____

Country: _____ Email: _____

Telephone Number (including country code): _____

CREDIT CARD INFORMATION:

Name of Cardholder: _____

Credit Card Number: _____

Expiration Month: _____ Expiration Year: _____

CCV Number (last three digits on back of the card): _____

VISA/Mastercard/Diners Club: _____

I, (full names) _____ with identity/passport number
_____ hereby request, instruct and authorise

Waterkloof Gastehuis CC Trading as *Waterkloof Guest House* to debit my credit card with the below stipulated amount in respect of, and incidental to, our accommodation/ conferencing arrangements at Waterkloof Guest House. I agree to pay any bank charges relating to this transaction. **Please include a copy of the front and back of the bank card and a copy of the identification document of the card holder or person authorizing the payment.** Refer to our cancellation policy for the terms and conditions applicable to all reservations.

Amount: ZAR _____

Cardholder Signature: _____ **Date:** _____

445 Albert Street • Waterkloof • Pretoria • 0181 • Gauteng • South Africa

Vat Registration Number: 4710 2542 87 • Company Registration Number: 2006/147830/23

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