



GROUP NAME: The Point 2018

GROUP REFERENCE: #75051

Please complete the following details to guarantee authorization to a nominated credit card

I, _____
First name Surname

Hereby give the Amora Hotel Auckland authority to charge my credit card for the following

Guest Name: _____

Arrival Date: _____ **Departure Date:** _____

Reference(s): #75051 **Rate per night:** \$195.00 (incl. GST and free wifi)

Please select the room type booked:

- | | |
|--|--|
| <input checked="" type="checkbox"/> <u>Deluxe King</u> Twin Room | <input type="checkbox"/> Executive Suite Spa |
| <input type="checkbox"/> Deluxe King Spa | <input type="checkbox"/> Penthouse Suite |
| <input type="checkbox"/> Executive Suite | <input type="checkbox"/> Executive Penthouse Suite |

Please nominate the category you would like the credit card to be charged:

- | | |
|---|--|
| <input type="checkbox"/> Room Only | <input type="checkbox"/> Package |
| <input type="checkbox"/> Room and Breakfast | <input type="checkbox"/> All Charges |
| <input type="checkbox"/> Room and Meals | <input type="checkbox"/> Guarantee only* |
| <input type="checkbox"/> Other (Please Specify) _____ | |

*The cardholder signing this document as guarantee for the above guest is liable for any loss or damage caused to any hotel property. An Authorization for an amount of funds will be held against this credit card to ensure guarantee for any incidental charges and will be charged for any items not settled by the above guest on departure

Please charge to:

(A clear photocopy of front and back of credit card required/scan of ID such as License or Passport is required for security purposes):

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> Visa | <input type="checkbox"/> Diners Club |
| <input type="checkbox"/> MasterCard | <input type="checkbox"/> American Express |

Name on the card: _____

Card Number: _____

Expiry Date: _____ CVV: _____

Card Holders Signature: _____ Date Signed: _____

Please note that a 2% surcharge is applicable for all credit card transactions and the credit card will be charged for the above at the time of the accommodation booking.

Copy of the receipt to be sent to:

Address: _____

Email Address: _____ Telephone No: _____

Please fax or email the completed form to confirm bookings to either:
groups@auckland.amorahotels.com or sales5@auckland.amorahotels.com