



HOTEL MANILA

CREDIT CARD AUTHORIZATION FORM

Attn: _____
Sales and Reservations Division

Fax No. _____

I, _____, hereby authorize ARMADA HOTEL MANILA to debit from my credit card the amount of (Philippine Peso) _____ as payment for my / our accommodations and / or pick-up/drop-off.

Signature as it appears on the card

Date Today

My tour dates (Month, Dates, Year)

Number of nights

MY CREDIT CARD DETAILS ARE AS FOLLOWS:

- a. Name as printed on my credit card: _____
- b. Type of credit card : _____
(JCB, VISA and MasterCard, American Express)
- c. Credit Card Number : _____
- d. Issuing Bank : _____
- e. Expiry Date : _____
- f. Passport No., Place & Date of Issue: _____

- g. Nationality : _____
- h. Birth Date (month, day, year) : _____
- i. Complete billing address _____

NOTE: PLEASE ATTACH A CLEAR PHOTO COPY OF THE CREDIT CARD FRONT AND BACK AND PASSPORT OR ANY VALID I.D. W/ SIGNATURE

The final amount that will be reflected on your Credit Card Sales Slip will be in Philippine Pesos. The current US Dollar to Philippine Peso prevailing bank rate will be used on the date of your payment. The actual **Credit Card Sales Slip** will be given to the Front Desk for your signature.

Please note that the Manila office of your credit card company requires the above information to Successfully process your payment. Kindly fill ALL the above spaces with complete information. FOR YOUR CARD'S SECURITY. Thank you

Please note that the Manila Office of your credit card company requires ARMADA HOTEL MANILA to request the Cardholder to sign the actual **Credit Card Sales Slip** when checking-out from the hotel. Although you previously sent us your payment using our Credit Card Payment Form by facsimile, your actual signature on the Credit Card Sales Slip will enable both ARMADA HOTEL MANILA and you to have a record of the transaction for future reference.

We assure you that signing your actual **Credit Card Sales Slip** will not result to double charging. Please refer to the transaction date of the **Credit Card Sales Slip**. You will find the transaction date reflects the date you sent us your payment by facsimile using our Credit Card Payment Form.

Thank you very much.

Accounting Department
ARMADA HOTEL MANILA

**KINDLY FILL UP THE FORM AND FAX BACK TO ARMADA HOTEL MANILA
at FAX NO. (632) 353 8838**

2108 M. H. Del Pilar Street Malate, Manila Philippines

Tel: (632) 526 0888 • Fax: (632) 353 8838

Email: reservation@armadamanila.com

Website: www.armadahotelmanila.com