



CREDIT CARD AUTHORITY

I, _____, authorise PULLMAN AUCKLAND to charge my credit card for the costs incurred relating to:

Name of guest 1: _____

Name of guest 2: _____

Period of stay: _____

Please select charges:

Accommodation

Food & beverage

All incidentals

Full name on credit card: _____

Company name (if applicable): _____

Credit card type:

Amex

Visa

Mastercard

Diners

Credit card number: _____ Expiry date: _____

Signature: _____

(must match the signature on the credit card copy accompanying this form)

I would like to receive copies of the charge:

Yes

No

Please mail copies to: _____

A copy of the front and back of the credit card must accompany this form.

Thank you for your interest in helping us to protect your credit card.

Reservations Department
Cnr Waterloo Quadrant & Princes Street
PO Box 106013, Auckland 1143
New Zealand

Tel: 64 9 353 1000
Fax: 64 9 353 1002