



Radisson Blu Gautrain Hotel; Sandton Johannesburg
Credit Card Authorization Form

Type of credit card:

Visa MasterCard American Express Diners

Credit Card Number: _____

CCV Number: _____ Card Expiration Date: _____

Name on Card _____

The undersigned hereby authorizes Radisson Blu Gautrain Hotel / Rezidor to preauthorize the above credit card for the amount of ZAR _____ for Beverages over and above the invoiced amount or for the Full Account of ZAR _____ (Value to be determined on departure)

(Signature)

(Date)

Please can you also provide the hotel with a copy of the card holders Identification Document or Drivers License together with a copy of the front and back of the card.

Credit Card Billing Information:

Name: _____

Telephone: _____

Address: _____

Contact Number: 011 286 1000

Email to: meetings.gautrain@radissonblu.com

For all credit card payment, kindly fill out and sign the credit card authorization from, along with this signed document we will require;

- Copy of the **FRONT & BACK** of the card.
- Copy of the **CARD HOLDERS ID**.
- Should this be corporate credit card we will require a letter head signed by the signatory giving Radisson Blu Gautrain Hotel permission to process this card.