

CREDIT CARD AUTHORISATION FORM

INSTRUCTIONS

1. This form must be completed, signed and dated by the credit card holder.
2. Please provide **all** information requested to ensure prompt processing of your reservation.
3. Once completed, email this form and attachments to the Motel Manager, Sam - info@thelookoutcave.com.
4. Required attachments
 - 1) A copy of the credit card
 - 2) A copy of the credit card holders photo ID (drivers license or passport accepted)
5. Charge Descriptions:
 - 1) Room Charge - The amount charged per room per night. (Cancellation policies as per General Terms for Occupancy apply)
 - 2) Continental Breakfast Pack - Charged at \$15 per person per pack.
 - 3) Beverages - Non-alcoholic beverages only.
 - 4) Security Bond - \$50 per motel room & \$100 per apartment.
 - 5) Damages / Incidentals - see General Terms for Occupancy - www.thelookoutcave.com/termsandprivacypolicy

IF YOU DO NOT WISH TO AUTHORISE 4 OR 5 PLEASE NOTIFY YOUR EMPLOYEE TO PROVIDE THEIR OWN CREDIT CARD UPON CHECKING IN

1. CHARGE AUTHORISATIONS

Please indicate yes or no in box below for authority to charge



GUEST NAME - PLEASE PRINT CLEARLY USING BLOCK LETTERS.	ROOM CHARGE	CONTINENTAL BREAKFAST	BEVERAGES	SECURITY BOND	DAMAGE / INCIDENTALS

2. DECLARATION

I / We _____ (card holders name) from _____ (company name) hereby authorise the Lookout Cave Underground Motel to charge my credit card for the related charges described above in Section 1. 'Charge Authorisations'.

CREDIT CARD AUTHORISATION FORM

3. CREDIT CARD DETAILS

CARD TYPE (please tick)	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/>
CARD HOLDERS NAME (as it appears on the card)			
CREDIT CARD NUMBER			
CARD EXPIRY DATE			CVV or CVN (3 digit pin on the back of the card)
CONTACT PHONE NUMBER			
BILLING EMAIL			
BILLING ADDRESS			
BUSINESS ABN/ACN			

4. OTHER INFORMATION

1. If you are submitting your credit card details through email, we recommend you submit it through this form as an attachment. Do not email any card details in the email's subject line or body.
2. If you have any questions about the security of your details, please contact Motel Manager (Sami Kambouris) -info@thelookoutcave.com.

5. IMPORTANT TERMS FOR CREDIT CARD USE

1. It is your responsibility to ensure that you have sufficient credit available on your credit card when submitting this form to cover any payment required and that your card details are current and correct.
2. Should your credit card decline, we will notify you immediately by phone and arrange for an alternative credit card to be used.
3. If any outstanding balances from incidentals or damages are not received within (7) days from the check out date, the Lookout Cave Underground Motel will take legal action to recover any outstanding amount without further notice.
4. If you believe that there has been an error in charging your credit card you should notify us immediately on 08 8672 5118 so that we can resolve your query promptly.
5. A new form will have to be completed if the guest needs to extend his/her stay at the Lookout Cave Underground Motel.

I certify that all the information on the credit card authorisation form is correct and I accept the terms of use as outlined above.

AUTHORISED SIGNATURE _____

DATE _____

OFFICE USE ONLY

Date Processed	Invoice Number	1141-	Check In Date
----------------	----------------	-------	---------------