



**CREDIT CARD AUTHORISATION FORM**

SHOULD YOU ENCOUNTER ANY PROBLEMS WITH TRANSMISSION  
PLEASE REVERT TO: TEL.: +263 13 44793 / 9 FAX.: +263 13 44655

To: \_\_\_\_\_ Company: \_\_\_\_\_  
Tel: \_\_\_\_\_ Fax: \_\_\_\_\_  
From: \_\_\_\_\_ E-Mail: \_\_\_\_\_

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**PLEASE ATTACH IMPRINT OF FRONT AND BACK OF  
CREDIT CARD TOGETHER WITH THIS  
AUTHORISATION FORM**

**FAILING TO ATTACH IMPRINT WILL RESULT IN THIS  
AUTH. FORM TO BE NULL & VOID**

**AUTHORISATION TO DEBIT A CREDIT CARD**

This letter authorises African Sun to debit my/our account being a deposit/payment to guarantee my/our accommodation details, which are as follows:

<b>CLIENT'S NAME:</b>	
<b>NAME OF HOTEL:</b>	
<b>ARRIVAL DATE:</b>	<b>DEPARTURE DATE:</b>
<b>TYPE OF CREDIT CARD:</b>	
<b>CREDIT CARD NUMBER:</b>	
<b>EXPIRY DATE:</b>	
<b>LAST 3 DIGITS ON THE BACK OF CARD:</b>	
<b>AMOUNT TO BE DEBITED:</b>	
<b>CARD HOLDER'S NAME:</b>	
<b>CARD HOLDER'S SIGNATURE:</b>	
<b>CARD HOLDER'S I.D. NUMBER:</b>	
<b>CARD HOLDER'S PASSPORT NUMBER:</b>	
<b>DATE:</b>	

AFRICAN SUN ACCEPTS NO RESPONSIBILITY FOR EITHER THE SPEED OR RELIABILITY OF MAIL SERVICES SHOULD PAYMENT NOT HAVE BEEN RECEIVED FOR WHATEVER REASON. AFRICAN SUN RESERVES THE RIGHT TO ENFORCE FULLY ALL PAYMENT TERMS AND CONDITIONS.