



Third Party Payment Agreement

Guest Details

Name			
	(For whom account is being paid)		
Address of Guest(s) (Optional)			
	Postcode		
Date Of Arrival		Date Of Departure	
Reservation Number			

TO BE COMPLETED BY THE CARDHOLDER
Please complete Part 1 or 2

Part 1

I _____ PRINT NAME hereby authorise The Hoxton Hotel to charge the **FULL ACCOUNT** for the above named guest to my credit card.

OR

Part 2

I _____ PRINT NAME hereby authorise The Hoxton Hotel to charge the **FOLLOWING TICKED ITEMS** for the above named guest to my credit card:

Room & Tax & Lite Breakfast	<input checked="" type="checkbox"/>	Bar	<input checked="" type="checkbox"/>	Dinner	<input checked="" type="checkbox"/>
Restaurant Breakfast (A La Carte Prices)	<input checked="" type="checkbox"/>	Laundry	<input checked="" type="checkbox"/>	Telephone	<input checked="" type="checkbox"/>
Lunch	<input checked="" type="checkbox"/>	Room Service	<input checked="" type="checkbox"/>	Other (Please Specify)	<input type="checkbox"/>
					<input type="checkbox"/>

Payment Details

Please complete the following details and provide a legible photocopy of the front and back of the given card

Card Holders Name			
Card Type		Expiry Date	
Card Number			
Cardholders/ Company Address			
Telephone No			
Signed		Date:	

FOR OFFICE USE ONLY

Authorised Amount	Authorisation Code	Cashier's Initials	Date	Authorising Manager

One copy to be attached to guest's
registration card

One copy to be attached to guest's
checked out folio

One copy to be kept by cardholder