



6 & 7 Welgemeend Road, Pinelands, Cape Town
 GP 33°56'07.85" S - 18°30'54.59"E
 Tel: +27 21 531 1604 | Cell: +27 83 444 0222
 Email: cathy@greenwoodvilla.co.za
www.greenwoodvilla.co.za

AUTHORITY TO DEBIT CREDIT CARD FOR ACCOMMODATION

GREENWOOD VILLA DETAILS:

*Contact number	Tel:	+ 27 21 – 531 1604	Cell:	+27 83 444 0222
*Attention:	Contact:	Cathy Turrell	Email:	cathy@greenwoodvilla.co.za

CREDIT CARD HOLDER'S DETAILS:

Name										
Statement Billing Address (as per Bank)										
Contact number	Tel:					Cell:				
	Contact:					Email:				
Identity number										

***** KINDLY FORWARD A COPY OF YOUR I.D. DOCUMENT *****

CREDIT CARD DETAILS	Master	Visa
Type of credit card	Mark with an X	
Name on credit card		
Credit card number		
Expiry date of credit card	(MM / YY) / /	
Last 3 digits on back of credit card		

*****PLEASE FORWARD COPIES OF THE FRONT AND BACK OF YOUR CREDIT CARD *****

GUESTS'S DETAILS:

Name										
Contact Cell Number:										
*Booking Ref No.:										
*ETA:										
I.D. of Guest										

PAYMENT DETAILS:

Amount to be debited	ZAR															
Payment preference	<table border="1"> <tr> <td>Straight</td> <td>Budget</td> <td>6</td> <td>12</td> <td>18</td> <td>24</td> <td>36</td> </tr> </table>	Straight	Budget	6	12	18	24	36	(PLEASE INDICATE PREFERENCE)							
Straight	Budget	6	12	18	24	36										

I _____ hereby authorize Greenwood Villa to debit my credit card for the cost of Accommodation, Meals and any extras required by the Guest.

Cardholders signature:

	D	D		M	M		Y	Y	Y	Y
	Date:		/	/	2	0				

***** PLEASE RETURN THIS EMAIL WITHIN 24HOURS TO ENABLE US TO GUARANTEE YOUR ROOM*****
 Authorized signatory to provide credit card for verification upon collection of Keys