

Chiangmai Grandview Hotel

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AUTHORIZATION CREDIT CARD FORM

Please sign and complete this form to authorize Chiangmai Grandview Hotel to make deposit by your credit card list below.

By signing this form you give us permission to debit your account for the amount indicated on form. This is permission for a single transaction only, and does not provide authorization for any additional unrelated credits to your account.

Please complete the information below:

I _____ authorize Chiangmai Grandview Hotel to charge my credit card
(Full name)
account indicated below for _____ .
(Amount)

Billing Address _____
City, State, Zip _____

Phone# _____
Email _____

Account Type: Visa MasterCard AMEX

Cardholder Name _____

Account Number _____

Expiration Date _____

**** Please send copy front and back of credit card to us also.**

SIGNATURE _____

DATE _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.