



Charge Back Authority Form

Date: _____

I hereby authorise Pullman Cairns International to charge the following guest's account to the credit card provided below:

Guest Name(s): _____

Charges that can be applied to the credit card are as marked below:

- Accommodation
- Accommodation/ Meals (Excluding beverages)
- Incidentals only
- All Charges Back
- Other (Please Specify) _____

Credit Card Details:

Credit Card type (Please circle):

American Express Master Card Visa JCB Diners

Please note a 1.3% Credit Card Administration Fee applies to all accounts settled by credit card

Card Number: _____

3 digit security code: _____ **Expiry Date:** _____

Card Holder's Name: _____

Card Holder's Signature: _____

Please fax this form back to 07 4031 1465 or email to H8772@accor.com

If you would like a Tax Invoice upon Departure please provide details of where you would like this sent to:

Fax: _____

Email: _____



PULLMAN CAIRNS INTERNATIONAL

H8772-RE@accor.com

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www.pullmanhotels.com - www.accorhotels.com

Postal Address:
