

AUTHORITY FOR PULLMAN MAGENTA SHORES RESORT TO CHARGE CREDIT CARD

Name		
Stay Dates		
Special Requests		
Amount	NA	
I hereby authorise Pullman Ma	genta Shores Re	esort to charge the following to the nominated
credit card below for the guest	•	
Room		Alcohol
Breakfast		Telephone Calls
Lunch		Dry Cleaning
Dinner		Parking
Room Service		Bottle of wine / champagne
Mini Bar		All charges
Movies		Other -please specify:
Nominated credit card deta	ails: (note a 1.4%	% processing fee applies per transaction)
CARD TYPE		
CARD NUMBER		
EXPIRY DATE		
CVV		
SIGNATURE OF		
CARD HOLDER		
TELEPHONE NUMBER		
EMAIL ADDRESS TO SEND RECEIPT TO		
SIGNED:		DATE:
POSITION:		

^{***}Please ensure this is returned to Rebecca.turner@accor.com. Failure to do so may result in the booking not being finalised for their stay. ***