



Dear Sir/Madam,

Please complete this third party authorisation form and return to reservations@parkavenuebakerstreet.co.uk 2 days prior to the guests' arrival, 7 days for group bookings. Full information must be provided to ensure prompt processing of your application, as well as a copy of the card holders signed identification and the signed back side copy of the card to be charged. We also ask that you to please make sure that the form is signed and dated prior to submission.

BOOKING INFORMATION:

TITLE: Mr. Mrs. Ms. Dr. Other:

GUEST NAME(S): BOOKING NUMBER:

ARRIVAL DATE: DEPARTURE DATE:

ROOM(S) TYPE: Single Room Club Single Room Double Room Club Room Twin Room

SPECIAL REQUEST(S) :

CARDHOLDER INFORMATION:

Card Type Visa Visa Debit Mastercard MasterDebit Maestro (We cannot accept Visa Electron)

Name as shown on the credit/debit card: Card Number:

Expiry Date: Cvv Number: (Not required if already provided)

Kindly mention last 4 digits ONLY if the full card number was provided at the time of booking.

CARDHOLDER'S BILLING ADDRESS:

Street: Phone Number:

City: E-mail Address:

State/Region:

ZIP/Postal Code:

ROOM CHARGES:

- 1. Room Account (only GBP) Guest(s) has/have to settle for any extra(s) directly with hotel prior to departure.
- 2. Full Account (All Charges to be deducted to my/our debit/credit card)

I certify that all information is complete and accurate. I hereby authorize PARK AVENUE BAKER STREET HOTEL to collect payment for all expenses, as indicated in the Room Charges section of this form by processing a charge to the credit/debit card listed above. I understand that a new form will have to be completed if guest wishes to extend his/her stay.

I certify that I am the authorized signatory of the credit/debit card listed above.

Cardholder's name (as printed on the card):

Cardholder's signature: Date: