



Guest Name: _____ **Tel no :** _____
Company: _____ **Reservation Email:** _____
Email Address: _____ **Booking4@fragrancehotel.com**
Subject: Fragrance Hotel Booking for ICTD 2015

THIRD PARTY AUTHORISATION FORM

I, _____ hereby authorize the FRAGRANCE HOTEL MANAGEMENT PTE LTD to debit my credit card for expenses incurred by the following guest(s):

| | |
|----------------|--|
| Guest Name | |
| Hotel Name | Fragrance Hotel – <input type="checkbox"/> Royal/ <input type="checkbox"/> Ocean View/ <input type="checkbox"/> Waterfront |
| Arrival Date | |
| Departure Date | |
| Room Type | <input type="checkbox"/> \$118.75nett Superior Room <input type="checkbox"/> \$128.25nett Deluxe Room(Royal & Waterfront only) |
| Number of Room | |
| Promo Code | ICTD 2015 |

- All rates are in SINGAPORE DOLLARS.
- Check-in time is after 15:00 hour and Check-out time is before 12:00 hour (Early Check-in & Late Check-out will be subject to room availability and surcharges).
- Hotel will proceed to charge the above credit card for the whole duration of stay upon receipt of your acknowledgement.
- Any cancellation made within 03 days of the scheduled arrival, a one-night cancellation charge per cancelled room will apply unless otherwise stated.
- For no-show or cancellation on day of arrival, 100% of the charges for the total length of stay or one night room(s) charge, whichever is greater, will be imposed.

Card Holder's Name : _____

Credit Card Type : VISA / MASTER / JCB / AMEX

Credit Card Number : _____ Expiry Date: _____

Signature of Cardholder : _____

If you wish us to send a copy of the above bill(s) to you after guest(s) checkout, Please provide us with the forwarding address as well as the name of the addressee.

Addressee:

Address :

If you do not require the above bill(s), please tick