

Credit Card Payment Authorization Form

	Mrs. /Ms.		authorize
Ramada Encore Doha to charge my credit card the sum of			QAR
(In wo	rds: QAR		
OR aga	inst the following mentioned Services incu	ırred by:	
Guest I	Name	:	
Booking Confirmation No. Arrival Date :		•	
		Departure Date :	
	Full Account		All Meals
	Accommodation		Transportation
	Breakfast		Others
My Cre	edit Card details are:		
	AMEX Card		VISA Card
	MASTERCARD		
Credit	Card Number		Expiry Date
	////		/
Teleph	one Number of Card Holder:		
Print name as it appears on the Credit Card			Credit Card Holder Signature
IMPOR	TANT NOTE:		
	Kindly scan a <u>COLOUR</u> copy of the Front 8 (preferably Passport Copy) of the credit coinfo@ramadaencoredoha.com. This form guarantee.	ard holder wit	h this Form to the Reservations e-mail
2.	Confirmation of Services requested will b with Copy of the Credit Card-Front & Bacl		pon receiving this from, signed along
3.	This payment guarantee is irrevocable an case of No Show or Cancellation.		mentioned above is Non-Refundable i
	Ramada Encore Do	ha – Reservati	on Office
	E-mail info@ram		
		97/-//// 3///	

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