

St. Paul's Hotel

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PAYMENT AUTHORISATION FORM

BOOKING REF: ARRIVAL DATE:

FORENAME(S):

SURNAME:

PLEASE NOTE THAT WE WILL ONLY ACCEPT PAYMENTS ON A CREDIT OR DEBIT CARD

CREDIT CARD PAYMENT (Please tick where applicable)

VISA MASTERCARD AMEX

DEBIT CARD PAYMENT (Please tick where applicable)

SWITCH / SOLO DELTA VISA DEBIT VISA ELECTRON MAESTRO

CREDIT / DEBIT CARD BILLING ADDRESS

Please fill all information below clearly and correctly (including security code).

NAME OF CARDHOLDER:

CARDHOLDER ADDRESS:

POSTCODE:

TEL:

EMAIL:

CARD NUMBER:/...../...../.....

START DATE:/..... EXPIRY DATE:/.....

ISSUE NO: SECURITY CODE:

I authorise the following amount to be debited: £.....

Signature: _____

Date: _____