



Credit Card Payment Authorization Form 信用卡付款授權書
Third Party Payment / Fax Authorization 第三者授權付款/傳真

In order to facilitate the transaction, please print out this form, fill-in completely and fax it together with copy of both the front and back side of the credit card to (852) 8148 6601. 請列印及填寫本授權書連同下列信用卡之正面及背面副本

Booking Number 預訂號碼

傳真至 (852) 81486601

I hereby authorize the "ASIA TRAVEL CARE COMPANY LIMITED" in debit the following credit card as settlement of the below mention charge. 本人同意授權, 並同意"ASIA TRAVEL CARE COMPANY LIMITED"可聯絡發卡銀行, 公司或下列信用卡持有人提供或核對此授權書之資料。

Please select Credit Card 我們選擇信用卡

MasterCard

Visa

American Express

Credit Card Number 信用卡號碼

CVV2 保安編碼

Last 3 digits of the number listed in the signature panel on the back of the card. 卡背後簽名方格內號碼的最後三個數字。

CVV2 保安編碼

4 digits of the number listed on the left or right of the card number on the front of the card. 卡正面帳戶號碼右上方或左上方的四位數字。

Cardholder Name 信用卡持有人名字 _____

Expiry date 信用卡有效期

/ / (MM/YY) (月月/年年)

Total Amount 總數 HK\$ _____

Issuing Bank 發卡銀行 _____

Cardholder Signature 信用卡持有人簽名 _____

Date 日期

_____ (DD/MM/YY) (日日/月月/年年)

CARDHOLDER CONTACT INFORMATION 信用卡持有人聯絡資料

Telephone Number 電話

() _____

Email 電郵地址 _____

Mailing Address 郵寄地址

This agreement is irrevocable and confirms personal liability. In the event of any discrepancy between the English version and the Chinese version, the English version shall prevail. Please contact us if you do not receive our reply after the next 24 hours.

本人證實上述資料正確無誤, 並同意不會取消上述授權。中英文版本之間存有任何歧異時, 將以英文版本為準。如閣下在24小時後沒有收到我們任何回覆, 請與我們聯絡。

ASIA TRAVEL CARE COMPANY LIMITED

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