

ST GEORGE'S HOTEL WEMBLEY

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St George's Hotel Wembley 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: