

CREDIT CARD AUTHORITY FORM

Title _____ First Name _____ Surname _____

Please complete this form to provide your credit card details to BM Guest House:

Payment Method (please tick)

Credit Card Direct Debit (a Direct Debit form will be applied on website)

CREDIT CARD PAYMENT

Please charge my credit card (please tick)

MasterCard Visa

Card Number ///

Expiry date /

Security Code

(The Security Code Number is the last 3 numbers located on the back of the Credit Card)

Cardholder's Name: _____

Signature: _____

Please note: if you have completed this section, this is the account that will be debited for your room rental.

Please return the completed form(s) to The BM Guest House for processing.