

Rockley, Christ Church, Barbados  
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Date: 19<sup>th</sup> April, 2017

NASA ORACLES Group Member  
To: -----

Dear Client:

Kindly indicate your credit card details below, *photocopy the back and front of the credit card and a photo ID with signature*; return via email to [group.sales@accrabeachhotel.com](mailto:group.sales@accrabeachhotel.com) or fax to (246) 435-7445.

NAME OF GUEST: -----  
DATES BOOKED: ----- July 28, 2017 -----  
CATEGORY: ----- Standard Island View Room -----  
RATE PER NIGHT: ----- \$139 USD -----  
NAME ON CREDIT CARD: \_\_\_\_\_  
CREDIT CARD NUMBER: \_\_\_\_\_  
EXPIRY DATE: \_\_\_\_\_  
TYPE OF CREDIT CARD: Visa  MasterCard  Amex  Discover   
SIGNATURE AS ON CREDIT CARD: \_\_\_\_\_

I \_\_\_\_\_ authorize the Accra Beach Hotel & Resort to charge the above-mentioned credit card for the following:

- Room and taxes only \_\_\_\_\_
- All charges including incidentals  Yes  No
- Other (explain) \_\_\_\_\_

Please note credit card transaction will be processed in Barbados dollars.

Regards,

Tonisha Niles  
Sales Department