

To: -----

Date: 19th April, 2017

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 or fax to (246) 435~7445.

NAME OF GUEST:	
DATES BOOKED:	September 2, 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 \Box Yes \Box No
- Other (explain) ______

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

Regards,

<u>Tonisha Niles</u> Sales Department