



AUTHORISATION FORM

3rd Party Payment

I _____ hereby authorise Jumeirah Beach Hotel to charge

All Charges Suite Charges only Amount of Dhs: _____

Other (please specify): _____

Incurring Party	Name	Arrival Date	Departure Date	Daily Rate
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

_____ to the credit card number below:

American Express Visa MasterCard Diners

Credit Card Number _____ Expiry Date _____

To be valid, this authorisation must be completed, signed and faxed back **seven days prior to the guest arrival date along with a copy of the card holder's Passport/ID** and is subject to approval by the card issuing bank prior to the guest arrival date.

Name of 3rd Party _____

Billing Address _____

For Credit Card _____

Telephone _____

_____ Signature _____ Date