

## CREDIT CARD CHARGE AUTHORITY

I, \_\_\_\_\_ authorise Medina Property Services Pty Limited  
Trading as Adina Vibe Darwin Waterfront to charge my credit card for the charges  
incurred by: \_\_\_\_\_ during their stay.

Adina Apartment Hotel Waterfront  Vibe Hotel Darwin Waterfront

Check In \_\_\_\_\_ Check Out \_\_\_\_\_ Confirmation number \_\_\_\_\_

I authorise charges for: (Please tick all appropriate items)

All Charges	<input type="checkbox"/>	Accommodation	<input type="checkbox"/>	Food (Meals)	<input type="checkbox"/>
Beverage	<input type="checkbox"/>	Telephone	<input type="checkbox"/>	Laundry	<input type="checkbox"/>
Car Parking	<input type="checkbox"/>	Mini Bar	<input type="checkbox"/>	Breakfast	<input type="checkbox"/>
Internet	<input type="checkbox"/>	Movies	<input type="checkbox"/>	Other	<input type="checkbox"/>

If other then please specify: \_\_\_\_\_

Or to the Amount of \$ \_\_\_\_\_

Please charge my:

Visa Card	<input type="checkbox"/>	MasterCard	<input type="checkbox"/>		
American Express	<input type="checkbox"/>	Diners Club	<input type="checkbox"/>	JCB	<input type="checkbox"/>

*Please note that a credit card transaction fee of 1.5% will apply to all cards*

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Card Holders Signature: \_\_\_\_\_

Please send the tax invoice and record of charge to:

Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact (phone): \_\_\_\_\_

Contact (email or fax): \_\_\_\_\_

**Please email this form to [mvdn@toga.com.au](mailto:mvdn@toga.com.au) or  
fax 08 8982 9700**

**\*\*IMPORTANT\*\* PLEASE INSURE A COPY OF THE FRONT & BACK OF THE CREDIT CARD IS ATTACHED  
WITH THIS FORM**