



HARBOURVIEW HOTEL
HOTEL RESERVATION

Macau Fisherman's Wharf, Avenida Dr. Sun Yat-Sen, Macau
澳門漁人碼頭, 孫逸仙大馬路, 澳門

Tel: (853) 8799 6666 Fax: (853) 8799 6655 E-mail: reservations@macaulegendhotels.com Website: www.harbourviewhotel.com

LETTER OF AUTHORIZATION 授權書

Facsimile Information 傳真信息:			
Attention 至:		Fax No. 傳真號碼:	
Sender 發送者:		Sender Fax No. 發送者傳真號碼:	
Total Pages 總頁數:		Date 日期:	

I, _____, hereby authorize Harbourview Hotel Macau to process the following instructions to my credit card under 'Signature on File' scheme:

本人, _____, 特此授權澳門勵庭海景酒店, 從以下“簽名文件”中透過我的信用卡帳戶進行以下交易:

Guarantee 擔保

My credit card is to guarantee for the selected charges below that will be incurred and can be used to settle the outstanding selected charges if it remains unsettled

使用本人信用卡擔保選定費用。如果仍有未結算之費用, 將用此信用卡作結算用途

Settlement 結算

My credit card is to settle for the selected charges that will be incurred

使用本人信用卡進行選定費用之結算

Guest / Group Name 客人 / 團體名稱: _____

Confirmation / Reservation Number 確認 / 預訂號碼: _____

Arrival Date 入住日期: _____

Departure Date 退房日期: _____

Type of booking 訂單種類: _____

Rooms 房間訂單 Meeting 會議訂單 Convention & Banquet 宴會訂單
 Food & Beverage Outlet 餐飲訂單 Others (please specify) 其他訂單 (請註明) _____

I will be responsible for the following charges (in MOP) of the above reservation (please tick):

本人將負責以上訂單之下列費用 (以澳門幣結算) (請打勾):

All charges 所有費用

Room charge, service charge and government tax only 只含房費、服務費及政府稅

Incidental charges only (specify type of incidental) 只含雜費 (請註明種類) _____

Charges incurred up to the amount of (specify amount) 最高累積金額 (請註明金額) _____

My credit card details are as follows 本人信用卡資料如下:

Name on Credit Card 持卡人名稱: _____

Credit Card Type 信用卡類別: Visa Master JCB AMEX

Credit Card number 信用卡號碼: _____

Expiry Date (MM/YYYY) 有效日期 (月/年): _____

Cardholder Contact Number 持卡人電話: _____

Cardholder Email Address 持卡人電郵地址: _____

Cardholder Signature (Consistent with the signature on the Credit Card) _____ Date 日期

信用卡持有人簽名 (需與信用卡背面簽名一致)

We will proceed with this third-party payment request if and when the following conditions have been met: (1) the credit card holder fully completes this Letter of Authorization form and faxes it to the hotel at (853) 8799 6699, together with a copy of the front and back of the credit card and a photo ID or passport of the credit card holder a minimum of seven (7) days prior to the staying guest's arrival; (2) complete authentication of documents has been done with the credit card holder; (3) the room charges have been successfully charged before staying guest's arrival. If the conditions are not met, the staying guest will be fully responsible for all the charges upon arrival. 當符合以下條件, 我們將會根據此授權書上之要求進行結算: (一) 持卡人需於訂單上入住日期七天前填寫授權書, 並連同信用卡正、背面副本及持卡人之身份證明文件副本傳真至本酒店(853) 8799 6655; (二) 對持卡人之身份進行認證; (三) 訂單費用會於客人入住前成功結算, 如果以上任一條件不符合, 客人需於入住時負責訂單內所有費用之結算。