



CREDIT CARD AUTHORIZATION FORM

I hereby authorize **Discovery Hotel & Convention Ancol** to charge my credit card as specified hereunder and I support this authorization by providing a copy of my credit card (front & back side) and a copy of my personal identification card (ID card or passport) in order to pay services offered by your hotel according to your **terms & conditions**.

Discovery Hotel & Convention Ancol, Jl. Jalan Lodan Timur No. 7, Taman Impian Jaya Ancol
Tel (+62-21) 29377777 Fax (+62-21) 6452452 Email info@discoveryhotelancol.com

Credit Card Details

only Visa, Master or Amex credit cards are being accepted

Card Holder's Name : _____
Type of Card : _____
Card Number : _____
CVV Number : _____ (3 or 4 digit number on the back of your credit card)
Expired Date : _____
Passport or ID No : _____

Payment for service

Hotel Bill : _____
Guest Name : _____
Room Requested : _____
Check-in Date : _____
Check-out Date : _____
Total Amount : IDR _____

I agree that the transaction will be in **INDONESIAN RUPIAH according to the rules of **BANK INDONESIA**.
The rate charged will be the rate of the billing date.**

Date and Place

Card Holder's Signature

Please fax to + 62 21 29377777 or scan and email to info@discoveryhotelancol.com

