To: Radisson Blu Resort Fiji, Denarau Island

Phone: (679) 675 6677

From: _____

Date: _____

Guest Name: _____

Check in Date: _____

Check out Date: _____

Subject: CREDIT CARD AUTHORISATION FORM

CARD TYPE (please tick)

VISA ☐ MASTERCARD ☐ CHINA UNION PAY ☐ AMERICAN EXPRESS ☐

I, _____ hereby authorise Radisson Blu Resort Fiji, Denarau Island
(name as it appears on your credit card)

TO CHARGE the amount of _____
(Please note that all credit card transactions will incur 3% administration fee. The credit card used at the time of booking is required to be presented at Check In along with a matching photo ID)

CREDIT CARD NUMBER: _____

CVV NUMBER: _____

EXPIRY DATE: _____

SIGNATURE: _____

DATE: _____

HOME ADDRESS: _____

_____

_____

_____

PHONE: _____

Postal Address: PO Box PD 141, Port Denarau, Fiji
Telephone: (679) 675 6677
Internet: www.radissonblu.com/resort-fiji
Email: reservations@radissonfiji.com