



The Ranges Karratha

ABN: 39 804 676 243

1090 Karratha Road

PO Box 1660

Karratha, WA, 6714

PH: 1300 639 320 Fax: 08 9186 0800

Email: reservations@therangeskarratha.com.au

CREDIT CARD AUTHORISATION FORM

PLEASE PRINT OUT AND COMPLETE THIS AUTHORISATION AND RETURN TO US.

All Information will remain confidential.

Guest Name:

Check-In Date:

Check-out Date:

Cardholder Name:

Billing Address:

Contact Phone Number:

Credit Card Type: Visa / Mastercard / Diners Club / AMEX

Credit Card Number: _____

Card Expiration Date: ____ / ____ Card CCV : _____

Amount to Charge: \$ _____ (AUD) + tender surcharge.

Email Address to send invoice to upon guest check out:

Additional Information:

Cardholder – Print name, sign and date below:

Name:

Signed:

Date:

Once signed please return the completed form to The Ranges Karratha by one of the following:

Email: reservations@therangeskarratha.com.au

Fax: 08 9186 0800

Terms and Conditions apply: See our cancellation policy stated in Confirmation email.