



35 Spital Square, E1 6DY

CREDIT CARD AUTHORISATION FORM

In order to process your request and to ensure the security of your credit card we request that you complete in full AND in capital letters the form below and fax the form back to 0207 299 0401.

Name of reservation: _____

Date of reservation: _____ Time: _____

Number of guests: _____

Type of credit card: MasterCard / Visa / Switch / Amex / Diners

Name on card: _____

Card Number: _____

Start date: _____ Exp date: _____

Issue number: _____
(for Switch only)

Security number: _____
(the last 3 / 4 digits printed on the signature strip or the front of the card)

Card holder billing address: _____
(to include the full post code)

Card holder signature: _____

Printed Name: _____

The above credit number has been taken to secure the booking. We will charge a deposit of £20.00 per head which will be deducted off your final bill. Should you cancel the Reservation within 45 hours prior of the booking, we will withhold the deposit charged to your credit card.

Cancellations will be accepted by faxing 0207 299 0401 or via email