

METROPOLITAN



Motor Inn

106 Leichhardt Street, SPRING HILL, Q 4000

I hereby authorize Metropolitan Motor Inn to charge my credit card for the following reservation charges:

Name of Guest:

Company:

Arrival Date:

Departure Date:

Charges Authorized: Accommodation Beverages (non-alcoholic) Security Bond

Breakfast Beverages (alcoholic) All Charges

Lunch Functions

Dinner Parking (extended)

Type of Card: Visa Mastercard AMEX

Card Number: _____

Cardholder:

Expiry Date: ____ / ____ CCV Number: ____

Signature:

Contact Name:

Contact Number:

Contact Email:

Please complete this form and return by email to info@metropolitanmotorinn.com prior to guests arrival. Please note you may be asked to supply a copy of the front of the credit card to verify authenticity.