



# OCEAN ROOM

JAPANESE MODERN • CREATIONS FROM THE SEA

## Credit Card Payment Authorization Form

### Client / Event Details

Date of Event: \_\_\_\_\_

Invoice/Reference #: \_\_\_\_\_

Event Details: \_\_\_\_\_

Customer Name: \_\_\_\_\_

Invoiced Amount: \_\_\_\_\_

### Credit Card Details / Payment Authorization

I, \_\_\_\_\_ give permission for OCEAN ROOM (zetton Ocean Room Pty Ltd) to charge my credit card the above amount and I understand that this amount for the event details as above.

Type of Credit Card: VISA / MASTERCARD / AMEX / DINERS

Card Number: \_/\_/\_/\_/\_/\_/\_/\_/\_/\_/\_/\_/\_/\_/\_/\_/\_/\_

Expiry Date: \_\_\_/\_\_\_

Cardholders Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

*This document is filled out and signed in acceptance of the payment with the OCEAN ROOM*

*Please return us by -*

Fax: 02-9252-9586

Email: office@oceanroomsydney.com

Post: PO Box 15, Millers Point NSW 2000