

### Third Party Credit Card Authorisation Form

Please complete the below details and kindly send the scan copy for persual

Mr./Mrs./Ms. \_\_\_\_\_

Authorise: **Rove Healthcare City** to debit the sum of

AED \_\_\_\_\_ Amount in Words \_\_\_\_\_

For the stay of Mr./Mrs./Ms. \_\_\_\_\_

from \_\_\_\_\_ till \_\_\_\_\_

Charge Type:-  Room Only  Entire Account  Others \_\_\_\_\_

Card details are: (Please tick the appropriate box)

American Express  Mastercard  Visa  Diners

Name on Card: \_\_\_\_\_

Expiry Date: \_\_\_/\_\_\_ (MM/YY)

Four Digit Security Code \_\_\_\_\_

(4 digits printed number above or underneath the embossed card number)

Last Three Digits CVV \_\_\_\_\_

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

Date & Place of Birth : \_\_\_\_\_

Billing Address (the address on which I receive my Credit Card bills):

\_\_\_\_\_

Tel.: \_\_\_\_\_ Fax: \_\_\_\_\_

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

For Credit Card Company Use only

This transaction is:  Approved  Declined

Authorisation Code is: \_\_\_\_\_

**Please attach the below copies, manadory for approval process**

- 1. Copy of Credit Card (both sides)**
- 2. Copy of personal identification passport or National ID including signature)**