

**LPAR-21 ACCOMMODATION BOOKING and CARD TRANSACTION AUTHORIZATION**

I, .....authorize you to debit my credit/debit card noted below with the amount specified in the payment for the goods/services rendered to me by your company. I have attached a copy of both sides of the card.

ROOM OCCUPANT(S) NAMES:	
ARRIVAL and DEPARTURE DATES:	
ROOM TYPE (SINGLE - USD113.30/night, DOUBLE - USD143.30/night)	
ROOM CHARGE: (# nights * rate/night)	
TRANSACTION AMOUNT: (50% of ROOM CHARGE)	
CARD TYPE:	
CARD NUMBER:	
VALID FROM/ EXPIRY DATE:	
CARD HOLDER'S NAME (as it appears on card):	
CVV2 DETAILS (last 3 digits on back of card):	
BILLING ADDRESS:	
PASSPORT/ID NUMBER & NATIONALITY:	
TELEPHONE NUMBER:	
EMAIL ADDRESS:	

.....  
Card Holder's Signature

.....  
Date

**FOR CRESTA RILEYS HOTEL PURPOSES ONLY:**

DATE	CURRENCY	AMOUNT	EXCH RATE	AMT IN BWP	APPROVAL CODE

Please send a copy of both sides of credit card. We will not be able to process without the copy of the credit card and specimen signature of the card holder. Please email PDF to Phatsimo Molefhi at [resrileys@cresta.co.bw](mailto:resrileys@cresta.co.bw), or FAX to

Cresta Rileys Reservations  
Attn Phatsimo Molefhi  
Fax: +267 686 0580