Silka hotels
Silka Tsuen Wan • Hong Kong
香 港 荃 灣 絲 麗 酒 店

Billing Authorization
付賬授權書

1. I hereby agree to be personally liable for the full settlement of charges (HK$), as specified below, to be incurred by Mr / Mrs / Ms / Company _____ at Silka Tsuen Wan, **Hong Kong** from _____ to _____ (period of stay). *(Include / Exclude in-house extension).
本人同意支付_____ 先生 / 女士 / 公司 入住香港荃灣絲麗酒店，由_____至_____（入住日期）之以下所述費用（港幣$)。*(包括/不包括有關客人延期住宿之費用)

Remark 備註：*Please delete if inapplicable 請刪去不適用者

☐ All expenses 所有費用 ☐ Accommodation only 房租費用 ☐ Incidental charges only 一切雜費

☐ Others, please specify 其他，請詳述：_____

This serves as authorization to Silka Tsuen Wan, Hong Kong to charge the above expenses incurred to my designated credit card, detail as follow:
此授權書作為本人授權香港荃灣絲麗酒店，以本人之指定信用卡支付以上有關的費用，詳情如下：

☐ Visa Card ☐ Master Card

Credit Card No. 信用咭號碼：_____ Expiry Date 有效日期：_____

***Please attach the copy of FRONT & BACK sides of the credit card (Details of the card and signature of card holder should be legible) ***

請附上信用卡正面及背面的副本（卡上資料及背面持卡人簽署必須清晰顯示）

****Please black-out the 3-digit number security code printed at the back to protect your card information.****

****請將卡背面的三位數字保安編碼隱蔽以保障信用卡的資料****

I confirm that all information provided is accurate and complete. I agree that this agreement is irrevocable. I acknowledge that all services may be terminated immediately at Hotel's discretion if any charges are declined or chargebacks are claimed against any outstanding invoiced amount.
本人確認以上提供之資料正確及完整。本人同意此乃不可撤回之付賬授權書。本人明白敞若信用卡付款過程被拒而未能支付以上費用，則 貴酒店或會立即終止所有服務。

Signature of Cardholder 持卡人簽署：_____

Name of Cardholder 持卡人姓名：_____

Contact Telephone No. 聯絡電話 ：_____

Date 日期 ：_____

2. Please send the bill to the following address / email:
請把賬單郵寄 / 電郵至以下地址：

Recipient 收件人：_____

Address 地址 ：_____

E-mail 電郵 ：_____

Acknowledged by staff 酒店職員：_____