Silka hotels
Silka Seaview Hotel • Hong Kong
香 港 海 景 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$), as specified below, to be incurred by Mr / Mrs / Ms / Company _____ at Silka Seaview Hotel from _____ to _____ (Period Of Stay)
*(Include/Exclude in-house extension).
本人同意支付_____ 先生 / 女士 / 公司 入住香港海景絲麗酒店由 _____ 至 _____ (入住日期) 之以下所述費用 (HK$)。
*(包括/不包括有關客人延期住宿之費用)
Remarks 備註 : *Please delete as appropriate 請把不適合者刪除

☐ **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 Seaview Hotel, Hong Kong** to charge the above expenses incurred to my designated credit card, details as follow:
此授權書作為本人授權**香港海景絲麗酒店,**以本人指定之信用咭支付以上有關之費用,詳情如下:

☐ Visa Card ☐ Master Card
☐ Diners 大來信用証 ☐ JCB Card ☐ Others: _____
Credit Card No. Expiry Date
信用咭號碼 : _____ 有效日期 : _____
☐ The copy of **FRONT** & **BACK** sides of the credit card attached (Details of the card should be legible)
現附上信用咭正面及背面的副本 (咭上資料必須清晰顯示)

I confirm that all information provided is accurate and complete. I agree that this agreement is irrevocable. I also acknowledge that all services may be immediately terminated 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乃正確及完整。 本人同意此乃不可撤回之付賬授權書。 本人明白敞若信用咭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 持咭人簽署: _____
Name of Cardholder 持咭人姓名: _____
Contact Telephone No. 聯絡電話: _____ Date 日期: _____

2. Please send the bill to the following address / e-mail:
請把客人之賬單郵寄 / 電郵往下列地址:
Recipient 收件人: _____
Address 地址: _____
E-mail 電郵: _____
Acknowledged by staff 酒店職員: _____

Address : 268 Shanghai Street, Yaumatei, Kowloon, Hong Kong
Tel : (852) 2782 0882 / **Fax :** (852) 2781 8800 / **Email :** info.seaview@silkahotels.com
Website : www.silkahotels.com/seaview