

								JUN	INN	
			CRE	EDIT CARD AUTHO	RISATION				ı	
(Please Tick)	Corporate Card]		Private	Card				
Card Holder Name:										
Company Name:										
Card Holder Address:										
Tel:					Fax:					
Email:										
Card Type:]		Card Numbe	r:				
Start Date:					Exp. Date:					
					Security Cod (3 digits on the		of card)			
I hereby authorise	e Jurys Inns to d	lebit the abo	ve credit card	d for the following	:					
Booking Confirmation No:						Guest Name				
Accommodation:]						
Catering:]					_ ¬	
Deposit:]		Prop	erty Name/ Loca	tion		
Other:										
<u>Total:</u>]			Arrival Date			
Authorisation Sign	nature						Date:			
(Card Holder only)										
	Please fill	in the form	including a	signature and s	ecurely upload	it throu	ugh our web	site:		