



CREDIT CARD AUTHORIZATION FORM

Hotel Name: HOLYWATER By Ganga Kinare

Individual Guest Name / Business Name / Event Name: _____

Reservations Confirmation Number: _____

Arrival or Event Date: _____

Checkout Date or Event completion date: _____

Credit Card Billing Address: _____

City, State, Zip, Country: _____

Contact Phone: _____ Contact email address: _____

I hereby authorise the following amount to be applied to the following credit card as an Advance Amount against the reservation described above: **Rs** _____

Comments if any: _____

The credit card listed below may be billed for the above charges at any time between now and the date of checkout. The amount will only be charged once. All information is kept confidential and only used for the purpose described above.

Credit Card Number: _____ Name on Card: _____

Expiration Date: _____ Cardholder phone: _____

By submitting this form, I hereby confirm that I have read and agree to the use of personal information as mentioned at <http://www.buuteeq.com/legal-terms>. I also confirm that I have been made aware of the Cancellation and No Show policies of 'Ganga Kinare – A Riverside Boutique Hotel'.

Signature of Card Holder: _____

Current Date: _____

Please email a scan of this completed form to reservations@himalayan-hotels.com

Please transmit this form within 72 hours of receiving it or atleast 72 hours before the date of checkin, whichever is earlier, to ensure that your request is processed.

HOLYWATER by Ganga Kinare

www.gangakinare.com/holywater-hotel-rishikesh/

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