



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 authorize 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 <https://www.gangakinare.com/terms-condition.php>. 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](mailto: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.**