



L.G Smith blvd. 55B - Bucuti & Tarra Hotel
reservations@sensesaruba.restaurant

Name :
Accomodation in Aruba :
Reservation date :
Guest Amount :

One Time Credit Card Payment Authorization Form

Sign and complete this form to authorize Senses fine dining to make a one time debit to your credit card listed below.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account. The charge will be \$40 a person non refundable the last 24 hours before reservation.

Please complete the information below:

I \_\_\_\_\_ authorize Senses fine dining to charge my credit card
(full name)
account indicated below for \_\_\_\_\_ on or after \_\_\_\_\_. This payment is for
(amount) (date)
\_\_\_\_\_
(description of goods/services/invoice)

Billing Address \_\_\_\_\_ Phone# \_\_\_\_\_
City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

Account Type: [ ] Visa [ ] MasterCard [ ] AMEX [ ] Discover
Cardholder Name \_\_\_\_\_
Account Number \_\_\_\_\_
Expiration Date \_\_\_\_\_
CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX) \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card.