

# **SHINTA MANI**

Hotel and Institute of Hospitality  
Siem Reap

## **CREDIT CARD AUTHORISATION FORM**

**TO: SHINTA MANI HOTEL**

**ADDRESS: JUNCTION OF OUM KHUN STREET AND 14<sup>TH</sup> STREET  
SIEM REAP, CAMBODIA.**

**TEL. ( 855 63) 761 998 - FAX NO.( 855 63) 761 999**

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Type of Credit Card :

Credit Card Number :

Expiry date :

CVV Code :

*(Visa/Master; the last 3 digits number printed at the back of your credit card)*

Batch Code :

*(AMEX; the 4 digits number printed at the right hand side above your credit card number)*

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I herewith authorize Shinta Mani to charge the amount of US\$ \_\_\_\_\_ /- to my above credit card.

Purpose of charge : \_\_\_\_\_  
(Donation/accommodation/late charges, etc. as specified)

### **Card Holders Details:**

Card Holders Name : \_\_\_\_\_

Signature : \_\_\_\_\_  
(As appeared on the credit card)

Date : \_\_\_\_\_