



Credit Card Authorisation Form

Company Name: **BAPS GROUP**

Company Address:

Telephone Number:

Booker Name:

Credit Card Number:

Card Type:

Expiry Date:

Name of Card Holder:

I hereby authorize Premier Inn Dubai Ibn Battuta Mall to debit the following charges against my credit card. I certify that the charges made on my credit card are genuine and authorized.

Reservation Number: _____

Guest Name: _____

Basic charges:

All charges

Room Only

Room and Buffet breakfast

Food and beverage:

'All you can eat' Premier Breakfast

Meals on consumption (Lunch / Dinner Including Alcohol and Soft drinks)

Meals on consumption (Lunch / Dinner Excluding Alcohol and Soft drinks)

Other charges:

Extension Nights

Airport transfer

UAE Visa processing charges

Other charges specify: _____

Signature:

Date:

Please fill out the above form, ensuring that you specify what you are authorizing us to take from the card on check in.



Premier Inn

Premier Inn Hotel Dubai Ibn Battuta Mall

For the payment to be accepted and processed, you must attach a copy of the front of your credit card into the specified box overleaf.

Front copy of Credit Card

Please attach a copy of the front of your credit card into the space provided, before sending this document back to us.

Thank you

Reservations Department
Premier Inn Dubai Ibn Battuta Mall

Phone +971 4 278 2222
Fax +971 2 452 2229
Email reservations.ibm@mena.premierinn.com