Dear Sir/Madam,

This form has been created in order to allow you to have third party expenses charged to your credit card. Please provide all the information requested below to ensure prompt processing of your application. We ask you to please sign and date the form before submission. Please provide us with a copy of ID and copy of the both sides of the credit card. Please complete and return to email address as follows: stuart.haynes@sunbornlondon.com

**Cardholder Information**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name as it appears on the credit card: | | | | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| Card type: |  | | Visa | |  | MC |  | Amex | | |  | Diners/CB |  | | Discover |  | JCB |
|  | | | | | | | | | | | | | | | | | |
| Account type: | |  | | Individual (personal credit card) | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
|  | |  | | Corporate | | Company Name: | | |  | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| Credit Card number: | | |  | | | | | | | | | | | Exp. date: | |  | |
|  | | | | | | | | | | | | | | | | | |
| Address:  (where statement is mailed) | | |  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| City, State and Zip: | | |  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| Phone number: | | |  | | | | | | | Fax or alternate number: | | | | |  | | |

**Guest Information**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Guest name: |  | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| Company: |  | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| Phone number: |  | | | | Fax or alternate number: | | | |  | | | |
|  | | | | | | | | | | | | |
| Confirmation number: |  | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| Arrival date: |  | | | | Departure date: | | |  | | | | |
|  | | | | | | | | | | | | |
| Relation to cardholder: |  | Relative |  | Friend | |  | Business Associate | | |  | Other: |  |

**Rate Information and Approved Charges**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Room rate:\* | |  | | | Taxes:\* |  | | | Total daily rate:\* | |  | | Number of nights: | | |  |
| \*(Rate and tax amount must be provided by a hotel representative in order to complete this form) | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
|  | All Charges | |  | Room & Tax | | |  | Bed & Breakfast | |  | | Telephone (Local) | |  | Restaurant | |
|  | | | | | | | | | | | | | | | | |
|  | Room Service | |  | Valet (Laundry) | | |  | Parking | |  | | HS Internet Access | |  | Movies | |
|  | | | | | | | | | | | | | | | | |
|  | Other: |  | | | | | | | | | | | | | | |

I certify that all information is complete and accurate. I hereby authorize Sunborn London to collect payment for all charges as indicated in the Rate Information and Approved Charges section of this form by processing a charge to the credit card listed above. Charges must not exceed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for the entire stay/event. I understand that a new form will have to be completed if guest wishes to extend his/her stay. I certify that I am the authorized signer of the credit card listed above.

|  |  |  |  |
| --- | --- | --- | --- |
| Cardholder name: (Printed) |  | | |
|  | |  |  |
| Cardholder signature: |  | Date: |  |