



PREPAYMENT AUTHORISATION FORM

Guest Name(s): _____

Check-in Date: _____ Check Out Date: _____

Room/Bure Type: _____

Number of nights: _____ Confirmation Number: _____

Please tick card type below:

"Please note: A 2.5% administration fee will apply on all credit card and internationally issued debit card payments. To avoid this fee you may pay via bank transfer, however please note that Malolo Island Resort/Ahura Resorts will not be responsible for any fees, if any, that any financial institution may charge for a bank transfer or foreign exchange transaction."

Visa MasterCard American Express Diners Club Bank Transfer

Credit Card Number: _____ Expiry Date: _____

Name on Card: _____

I, _____ (Cardholder), authorise Likuliku Lagoon Resort to debit the amount of F\$ _____ (figure). Amount in words: _____

For the provision of (Please tick applicable charge type below)

Accommodation Transfer(s) Gift(s) Other

If 'gift' or 'other' please provide description: _____

If paying via Bank Transfer please note our bank details are: Bank Name: ANZ Bank, Branch: Nadi, Account Name: Likuliku Lagoon Resort Limited (T/A Likuliku Lagoon Resort), Account Number: 11607025, Swift Code: ANZBFJFX.

Signature of Cardholder

Date

Please return by email to likulikures1@ahuraresorts.com or fax to: +679 672 4299

