SECURITY DEPOSIT CREDIT CARD AUTHORITY

PLEASE FILL IN THE FOLLOWING DETAILS AND RETURN TO OUR OFFICE EITHER BEFORE OR ON CHECK IN. KEYS WILL NOT BE HANDED OUT WITHOUT FORM BEING FULLY COMPLETED AND THE BALANCE OF ACCOMMODATION PAID IN FULL.

I/we,(name)_____of(address)_____
_____Phone:_____Mob:_____

Have read, understood and accept the terms and conditions for my/our tenancy as follows

Holiday House:_____
Check In Date: (2pm)_____
Check out Date: (10am)_____

I warrant that I am over 18 years of age upon signing this authority and I am the card holder as below

SIGNATURE:_____ DATE:_____

CREDIT CARD AUTHORITY FOR SECURITY DEPOSITS ONLY PLEASE SEND TO ELDERS NEW BRIGHTON, PO BOX 19, NEW BRIGHTON NSW 2483 OR VIA FAX 02 6680 1757

No money will be deducted from your card unless we need to make a claim against your security deposit up to $500.00, which may include but is not limited to the following reasons:

* Excess cleaning @ 30.00/hour *Damage to property @ cost
* Garbage removal $30.00 per bin * Breakages @ cost
* Theft of property @ replacement value

BANKCARD VISA MASTERCARD
(PLEASE CIRCLE THE CORRECT CARD TYPE, SIGN AND COMPLETE AUTHORITY)

Card Holders Name:_____Amount: $500.00 (Maximum)

Card Number

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Expiry date

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