

PREPAYMENT AUTHORISATION FORM

Guest Name(s):				
Check-in Date:	Check Out Date:			
Room/Bure Type:				
Number of nights:	Confirmation Number:			
Please tick payment type	e below:			
this fee you may pay via b	ank transfer, however pl	ease note that Malolo Isla	rnationally issued debit card p nd Resort/Ahura Resorts will k transfer or foreign exchange	not be responsible
Visa	MasterCard	American Express	Diners Club	Bank Transfer
Credit Card Number:			Expiry Date:	
Name on Card:				
I,	(Ca	rdholder), authorise M	alolo Island Resort to debit	the amount of
F\$	(figure). Amount in	words:		
For the provision of (Pl	lease tick applicable ch	narge type below)		
Accommodation	Transfer(s)	Gift(s)	Other	
If 'gift' or 'other' please p	provide description: _			
			Name: ANZ Bank, Account lber: 11607069, Swift Code:	
Signature of Cardholde	r			

Please return by email to malolores1@ahuraresorts.com or fax to: +679 672 4299

