



Shangri-La's - Eros Hotel

NEW DELHI

Subject: Authorization Letter

This is with reference to guest stay

Guest Name : _____
Check in : _____
Check Out : _____
Rates in INR : _____

Billing Instructions:

Rooms and Tax only :

Entire Bill of stay :

(Please mark the appropriate box)

Any Other Services :

I hereby authorize, Shangri-la, New Delhi, to charge Credit **Card Number:**

_____, **Expiry Date:** _____,

Card Type _____ CVV Number _____, for the above mentioned bills.

Regards

Credit Card Holder Signature:-

Front and Back Copy of Credit Card.

Shangri-La's Eros Hotel New Delhi
19 Ashoka road, Connaught Palace
New Delhi 110001.

Reservations:-+91 1141196127/25

Fax: - +91 1141196126

Email: - reservations.slnd@shangri-la.com