



MANDARIN ORIENTAL
NEW YORK

3rd PARTY CREDIT CARD AUTHORIZATION

GUEST NAME: _____

FROM: _____

TREATMENT: _____

DATE OF TREATMENT: _____

TIME OF TREATMENT: _____

I hereby authorize Mandarin Oriental, New York to charge my credit card for the charges indicated below for the above guest:

Cardholder Last Name		Cardholders First Name			
Credit Card #			Exp. Date		
<input type="checkbox"/> Amex	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Diners	<input type="checkbox"/> JCB	<input type="checkbox"/> Discover
Billing Address					
City		State	Zip	Country	
Telephone		Fax	Email		
Amount \$			Approval Code:		
Item purchased [also, state quantity]:					
I assume responsibility for the above charges.					
Please sign _____					
Kindly fax to [REDACTED] to the attention of Mandarin Oriental, New York Spa					
Please check off the following:					
For Office Use only:					
<input type="checkbox"/> Copy for Guest		Processed by: _____		Date: _____	
<input type="checkbox"/> Copy for Spa					
<input type="checkbox"/> Copy for Finance (IW)					