



# 賀年糕點迎新春 CHINESE NEW YEAR PUDDINGS

## 訂購表格 ORDER FORM

糕點種類 Item	每盒原價 Original Price	早鳥價 Early Bird Price for prepayment before 25 Jan 2019 2019年1月25日前預付可享此優惠	數量 Quantity	合計 Sub-total
瑤柱臘味蘿蔔糕 Turnip pudding with Conpoy	HK \$170	HK \$128		
椰汁賀年年糕 Coconut Chinese Pudding	HK \$150	HK \$118		

姓名 Name: \_\_\_\_\_

電話 Contact number: \_\_\_\_\_

電郵 Email address: \_\_\_\_\_

公司 Company: \_\_\_\_\_

換領日期 Pick up date: \_\_\_\_\_

換領時間 Pick up time: \_\_\_\_\_

請填寫第三方授權表格以作付款

Please fill in the attached Third Party Credit Card Authorization Form for payment processing.

南坊營業時間 Nam Fong Business Hours

星期一至六 Monday to Saturday 12:00-14:30/18:30-22:30

星期日及公眾假期 Sunday & Public holiday 11:30-14:30/18:30-22:30

提取賀年糕點日期為2019年1月28日至2月4日 Pick up date is valid from 28th January-4th February 2019

所有已繳款項將不獲退款 All charges are non-refundable

如有任何爭議, 數碼港艾美酒店保留最終決定 In case of any dispute, Le Meridien Cyberport's decision shall be final

南坊賀年糕點不含人工防腐劑, 宜在7-8天內食用

Our Chinese puddings contain no artificial preservatives, please enjoy within 7-8 days

如有查詢, 請致電2980 7410 與南坊聯絡 For enquiries, please contact Nam Fong at 2980 7410

我希望定期接收數碼港艾美酒店的最新消息和特別推廣優惠

I wish to receive regular information and the latest special offers from Le Méridien Cyberport

簽署 Signature: \_\_\_\_\_

日期 Date: \_\_\_\_\_

## Third Party Credit Card Authorization Form

This form has been created in order to allow you to have third party expenses charged to your credit/debit card. **I understand that the hotel is not required to accept this form and the guest should check with the hotel to ensure they accept third part transactions.** (+852 2980 7788) Please provide all the information requested below to ensure prompt processing of your application. We ask you to please sign and date the form before submission. Please fax the completed form at (+852 2980 7546).

**FOR SECURITY reasons, Marriott International conforms to all Payment Card Industry (PCI) standards.**

### CARDHOLDER INFORMATION - Required

Name as it appears on the credit/debit card: \_\_\_\_\_

Card Type:       Visa                       MC                       Amex                       JCB

Account Type:     Individual -  Debit /  Credit                       Corporate - Company Name: \_\_\_\_\_

Issuing Bank:                      \_\_\_\_\_                      Phone: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_                      Exp. Date: \_\_\_\_\_

Address (statement): \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_                      Fax or Alternate Number: \_\_\_\_\_

### GUEST INFORMATION - Required

Guest Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Company: \_\_\_\_\_

Phone Number: \_\_\_\_\_                      Fax or Alternate Number: \_\_\_\_\_

Confirmation Number: \_\_\_\_\_                      Arrival Date: \_\_\_\_\_                      Departure Date: \_\_\_\_\_

Relation to Cardholder:     Relative                       Friend                       Business Associate                       Other \_\_\_\_\_

I understand that should there be any issues with the credit/debit card being used to settle my charges, I will be responsible for all expenses incurred during my stay. Departure date cannot be extended unless a new authorization form is completed.

Guest Name: (Printed) \_\_\_\_\_

Guest Signature: \_\_\_\_\_                      Date: \_\_\_\_\_

### RATE INFORMATION AND APPROVED CHARGES - Required

Room Rate:\* \_\_\_\_\_ Taxes:\* \_\_\_\_\_ Total Daily Rate:\* \_\_\_\_\_ Number of Nights: \_\_\_\_\_

\*(Rate and tax amount must be provided by a hotel representative in order to complete this form.)

All Charges                       Room & Tax                       Telephone (LD)                       Telephone (Local)                       Restaurant

Room Service                       Valet/Laundry                       Parking                       HS Internet Access                       Movies

Other \_\_\_\_\_

I certify that all information is complete and accurate. I hereby authorize Le Meridien Cyberport to collect payment for all charges as indicated in the Rate Information and Approved Charges section of this form by processing a charge to the credit/debit card listed above. Charges must not exceed \$\_\_\_\_\_ for the entire stay/event. I understand that a new form will have to be completed if guest wishes to extend his/her stay. I certify that I am the authorized signer of the credit/debit card listed above.

Cardholder Name: (Printed) \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_                      Date: \_\_\_\_\_

**Please do not send a photocopy of the front or back of your credit card.**