Guest House fee

Credit Card Authorization Form

Applicant	**First name**		**Last name**	
	Check-in Date		**Check-out Date**	
Cardholder				

I hereby authorize National Synchrotron Radiation Research Center to charge amount of the guest house payment shown below to my credit card.

TEL No.	（O）＿＿＿＿＿＿＿＿	（H）＿＿＿＿＿＿＿＿	
Fax No.			
Issued Bank		**Card Type**	☐ **VISA** ☐ **Master** ☐ **JCB** ☐ **AMEX** ☐ **U Card**
Expired Date	**Year** **Month**		
Credit Card No.	☐☐☐☐-☐☐☐☐-☐☐☐☐-☐☐☐☐		
Authorized Amount	**NTD**		**Dollar(s) Only**
Signature	（**Same as the signature on credit card**）		

Once charged, cardholder agrees to pay the above credit card charge to the issuing bank according to the Card Issuer Agreement.

If Applicant and Card Holder are different, please indicate the relationship:

____ employee /employer
__ relatives
____ friends
__ colleagues
____ Others , please explain _____

If this is a business card, check here ☐

*** * * Receipt information * * ***

(Please specify if the organization title is needed, completion not required for individual)

Billing information: _____

Please complete this form and return it via fax！ FAX: +886-3-5783803