

GUARANTEE FORM

To be filled by credit card holder only

Name of Guest

Check in (dd/mm/yy)

FAX To: Lloyd's Inn Pte Ltd. Fax : (65) 737 7847

From:

Name

Address: Street

Street

City

Country

Telephone:

Fax:

E-Mail:

Date(dd/mm/yy)

I confirm I have reserved rooms with your hotel. In the event that I do not show up, I hereby authorize your company to debit the following from my credit card.

Amount S\$

Card Type

Card Number

Expiry Date (mm/yy)



(Please Sign Here)

Please print and fax to Lloyd's Inn for confirmation. Thank You