



VOLIVOLI™
BEACH RESORT FIJI

Credit Card Authorization Form

**PLEASE PRINT OUT AND COMPLETE THIS AUTHORIZATION AND RETURN TO US.
All information will remain confidential.**

Cardholder Name: _____

Billing Address: _____

Credit Card Type: _____ Visa _____ Mastercard _____ AMEX _____

Credit Card Number: _____

Expiration Date: _____

Card Identification Number (last 3 digits located on the back of the credit card): _____

I authorize Volivoli Beach Resort to charge the agreed cancellation fee determined in accordance with the below cancellation policy to my credit card. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder – Print Name, Sign and Date Below:

Signed: _____

Dated: _____

Name: _____

Once signed return the completed form to:

Volivoli Beach Resort: P.O Box 417, Rakiraki, Fiji e. info@volivoli.com f. 00679 6694611 p. 00679 6694511

Cancellation / Amendment Policy: A non refundable deposit of 20% required to confirm booking. A written notice of cancellation within 14-30 days of arrival will incur a cancellation fee of 25% of total accommodation booked. A written notice of cancellation within 14-7 days of arrival will incur a cancellation fee of 50% of total accommodation booked. A written notice of cancellation within 7 days or failure to show will incur a cancellation fee of full payment of total accommodation booked. Volivoli Beach advises all guests to take out travel insurance at the time of booking.