

If you wish to make a credit card payment to Anse Chastanet, please print out the form below and fax it back to us at Anse Chastanet Resort

Fax to 758-459-7700

Re: Reservation for

NAME: _____

DATES: _____

Credit Card Authorization Form

This is to authorize Anse Chastanet Resort to charge my credit card account for hotel accommodations as summarized below. If I cancel my trip, I agree to be bound by the cancellation policy as outlined below. If credit card address differs from mailing address, please note below:

Date of stay: _____

Room Package Type: _____

Authorized Charges (Deposit/Balance): _____

Name as it appears on credit card:

Credit card number:

Credit Card Address:

Expiration Date: _____

Today's Date: _____

Cardholder's Signature:

Please fax this form to us at 758 459 7700 to secure your reservation.

If this is an e-mail transmission, please print out the form, sign it and fax to us at 758 459 7700 or mail to Anse Chastanet Resort, P.O. Box 7000, Soufriere, St Lucia.

Please be advised that you will be asked to present the above card when you check in at Anse Chastanet Resort and will be asked to sign the credit card sales voucher at that time.

Please take note of our cancellation and deposit of booking policy:
Cancellation or amendment of reservations are subject to 3 nights fee (winter) or 2 nights fee (summer and shoulder seasons) if notification is not received 65 days (Xmas), 21 days (winter), 14 days (summer and shoulder season) prior to arrival. Your deposit is credited towards the last three (winter) or two (summer and shoulder) nights of stay. We suggest that travel insurance is taken.