



**CROWNE PLAZA®**

**ROYAL PINES  
GOLF RESORT & SPA**

## **Credit Card Authorisation**

**I authorised Crowne Plaza Royal Pines Golf Resort & Spa to charge my credit card for payment, for the amount of the gift certificate purchased:**

**Postal address (for receipt):**

**Credit card type:**

**Credit Card No:**

**Card Expiry Date:**

**Cardholder's Name:**

**Cardholder's Signature:**

**Please return to:**

Reservations Department  
Crowne Plaza Royal Pines Golf Resort & Spa  
PMB 88  
GCMC QLD 9726  
P: (07) 5597 1111  
F: (07) 5597 2277  
E: [reservations@cproyalpinesresort.com.au](mailto:reservations@cproyalpinesresort.com.au)