

CREDIT CARD AUTHORIZATION FORM – CORPORATE CARD

Please fill in the requested details below and enclose this form with a clear photocopy of the front and back of the credit card to us via email to restaurantconcierge@marinabaysands.com

Name Imprinted on Card : _____

Credit Card Number : _____

Date of Expiry : _____

Type of Card : _____

Card Holder's Address : _____

Name of Event/Guest : _____

Denominations/Amount : _____

Courier Charges (If Any) : _____

Details of Charges (Date of event) : _____

Contact Details (Telephone/Fax Number/ E-mail Address) : _____

I, _____ (PP No.: _____), hereby undertake to make payment of all amounts (the "Amounts") due and payable from _____ ("Company name") to Marina Bay Sands Pte Ltd ("Marina Bay Sands") in respect of the provision of rooms and services pursuant to the Agreement dated dd/mm/yy between Company name and MBS.

Accordingly, I hereby irrevocably and unconditionally authorize MBS to charge to my credit card (details of which are set out above) all the Amounts due and payable from Company name to MBS and I shall be liable for the payment of all the Amounts so charged to my credit card.

I understand and acknowledge that the primary liability for payment of the Amounts due and payable from Company name to MBS resides with Company name, and the liability of Company name in respect of the Amounts due and payable shall continue and shall only be discharged upon, and only to the extent that MBS has received payment in full of such portions of the Amounts, whether by me or otherwise.

Further, I agree and acknowledge that MBS may, in its sole discretion, have recourse to any other lawful means of obtaining payment and or securing performance of this undertaking at any time and in any manner whatsoever as MBS may require.

I understand that this authorization is irrevocable save with the consent of MBS.

Agreed & Accepted by Cardholder

Date

Please Note: We recommend that this form be sent to us via Fax or secured/encrypted email. While we have implemented procedures to safeguard and secure your information, we are unable to verify the security of electronic transmissions of such information to us and shall not be liable or responsible for any unauthorized access or loss of information submitted to us.

For Official Use Only – Credit Department

Name & Signature of Officer-In-Charge (Team Member who impose this charge) : _____

Date & Time : _____

Approval Code 1 : _____

Remarks : _____