



**STANDART**

MEMBER OF DESIGN HOTELS

## AUTHORIZATION FORM

Please fill out and sign the Authorization form in printed letters, attach passport copy, the credit card copy of both sides, and bank confirmation with the stamp that the card belongs to the person signing the agreement, send the whole file to the attention of the Reservation department:

**[REDACTED]** or:

Date	
Address	
Tel.\Fax	
E-mail address	
Topic	Credit Card guarantee

Hereby, I \_\_\_\_\_  
*The card holder first and last name*

Authorize the payment of with my credit card \_\_\_\_\_  
*Credit Card number* \_\_\_\_\_ *expiry date*

Payment for:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> All expenses           | <input type="checkbox"/> Pay TV               | <input type="checkbox"/> SPA                  |
| <input type="checkbox"/> Accommodation incl VAT | <input type="checkbox"/> Telephone            | <input type="checkbox"/> Taxi                 |
| <input type="checkbox"/> Breakfast              | <input type="checkbox"/> Laundry\Dry cleaning | <input type="checkbox"/> Other expenses _____ |

During the period of stay \_\_\_\_\_  
*Arrival date* \_\_\_\_\_ *Departure date*

For Mr.\Mrs. \_\_\_\_\_

Reservation No \_\_\_\_\_ Amount \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_  
*the card holder*

Sincerely,

Reservations

