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•	authorize		-		_	•					
	Hotel room City tax Breakfast Transfer Full credit Other nount to be										
	VISA MASTERCAF AMERICAN		i] JCB	IERS C	LUB		
Cardhol	der name:										
Credit c	ard number:	:									
Expirati	on date:										
Billing a	ddress:										
Compar	ny's VAT nun	mber (EU			y):						
This is	ng this form permission f nal unrelated	or a sin	gle trans	actio	n only, a	and do					
Cardhol	der's signat	ure									

I authorize the above-named business to charge the credit card indicated in this form according to the terms outlined above. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

A clear copy of front and back of the credit card and a copy of the cardholder's photo ID or passport must be included along with this signed authorization form in order for this document to be valid and the payment to be processed.