

CREDIT CARD AUTHORIZATION FORM

For confidentiality and security purposes, please send us this document with a clearly readable front and back of credit card plus passport copy via fax to the following number + 39 02 66746165

I, _____ authorize the charge on credit card for follows booking:

- Bed and breakfast, VAT included
- Full Credit
- City Tax

N.B. In case of full credit do not specify the amount

I authorize to charge as amount of EURO _____, for the following Guest:

Guest Name _____ Reservation n. _____

Check- in _____ Check-out date _____

As stated on the credit card:

Credit Card holder's name _____

Credit card _____

Expiry date ____/____

Billing data:

Invoice header _____

Address _____

City _____

ZIP _____ Country _____

Phone _____ Fax _____

Email _____

Tax Code _____ /VAT _____

Date _____ Signature _____