

	RESOURCE LIBRARY HOTEL OPERATIONS Rooms - Reservations	CODE: 03.01.022
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Credit Card Billing Authorization Form

Mr. / Mrs.: _____ Nationality: _____

I hereby authorize XYZ Hotels & Resorts to debit my credit card "Please ✓ one of the below"

☐ **Amex**
☐ **Visa**
☐ **MasterCard**



Card No.: _____ Exp. Date: ____ / ____

4 Digits (American Express) ____ _

For the Amount of USD\$ _____ (US Dollar), pertaining to cover of

(Guest Name) _____ Check-In _____ Check-Out _____

Above Credit Card will cover "Please ✓ one of the below";

☐ Room Only
 ☐ Bed & Breakfast
 ☐ Other "Room Service"

☐ All Charges
 ☐ Transportation

☐ All Charges Except: _____

- Please note that the above amount is Subject to 10% Service Charges and 8% Government Tax, if the above Credit Card covers room charges, Food & Beverage amount will be Subject to 10% Service Charges and 16% Government Tax. I understand that in case of No-Show or Late Cancellation falling prior to my arrival by 24 hours, I shall be charged for (1) night.

Credit card Billing Address: _____

Signature: _____ Date: ____ / ____ / ____

You are kindly requested to fill the above form and attached:

- A copy of your Credit Card, copied both sides.
- A copy of your I.D/ Passport.
- In Addition, send them by return Fax or E-mail to our attention in order for us to guarantee payment of your reservation(s).
- Above Taxes are subject to charge without prior notice.