**CREDIT CARD PAYMENT AUTHORIZATION FORM**

Further to the reservation of n. 01 double room for single use from May 26th, 2024 to May 28th, 2024, for n. 02 nights, for the **EWOG 2024 event**, under the name of Mr./Mrs. XXX

**I AUTHORIZE**

The Hotel Internazionale to charge the amount on the credit card as follow:

⁯ STAY BALANCE (B&B basis)
⁯ STAY BALANCE (B&B basis + City tax)

⁯ STAY BALANCE (Full credit)

⁯ GUARANTEE

***Please choose one option***

Credit card type \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Credit Card number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Credit Card Holder \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please send this form by e -mail (internazionale@monrifhotels.it)

**For security reason, send also a copy front and back of the credit card and copy of passport or identity card of the owner of the card.**