SEASIDE RESIDENZ HOTEL

★★★★

CREDIT CARD AUTHORIZATION FORM

PLEASE COMPLETE IN CAPITAL LETTERS

I hereby authorize Seaside Residenz Hotel Chemnitz to charge my credit card for the following booking(s):

Reservation Number: _____

Guest Name(s): _____

Arrival Date: _____

Departure Date: _____

Billing Address: _____

_____

_____

_____

We confirm the assumption of costs for the following items:

O Room / Accommodation

O Accommodation Tax

O Breakfast

O Parking Fees

O Minibar

O Other: _____

(Please tick as applicable)

CREDIT CARD NUMBER: _____

CARD TYPE: _____

VALID UNTIL: _____

CCV NUMBER: _____

NAME IN BLOCK LETTERS

STAMP / SIGNATURE / DATE

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