



## Payment Authorization

I, the undersigned, \_\_\_\_\_ authorize to charge on my credit card the amount € \_\_\_\_\_

Guest Detail:	
Guest name:	<input type="text"/>
Date of stay:	<input type="text"/>
Total amount:	<input type="text"/>
Please specify the services to charge on your credit card:	
Room only <input type="checkbox"/>	Bed & Breakfast <input type="checkbox"/>
Half Board <input type="checkbox"/>	Full Credit <input type="checkbox"/>
Nr. nights:	<input type="text"/>

Credit Card Details:	
Cardholder name:	<input type="text"/>
Cardholder address:	<input type="text"/>
Telephone number:	<input type="text"/>
Billing address (if different):	<input type="text"/>
Type and number of credit card:	<input type="text"/>
Expiration date:	<input type="text"/>

Signature

TO BOOK YOUR ACCOMMODATION PLEASE SEND THIS FORM TO [h0933-bo3@accor.com](mailto:h0933-bo3@accor.com)