**Credit Card Authorization Form**

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| **EVENT NAME: event AAPG EUROPE LTD** | **DATE: 22-23/6/22** |

Dear Sir/Madame,

In order to allow us in charging the approved amount on your credit card, please fill in and sign the following form with all the required information and**, in case you won’t be present personally at Palazzo Caracciolo we need also a front and back copy of your credit card and ID Card.** Kindly send the required documents by fax at the following number: +39 081.0176535 or by e-mail at [h5565@accor.com](mailto:h5565@accor.com)

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| **Cardholder Information**  Name as it appears on the credit card |  |

Card Type □ Visa □ MasterCard □ Amex □ JCB

Account Type

□ Individual (personal credit card)

□ Corporate/Company Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Card Number |  | Expiration |

|  |  |  |  |
| --- | --- | --- | --- |
| Address |  | | |
| Contacts |  | | |
| **Guest Information** | | | |
| Guest Name |  | | |
| Company |  | | |
| Contacts |  | | |
| Confirmation Number |  | | |
| Arrival Date |  | Departure Date |  |

Relation to cardholder:

□ Relative □ Friend □ Business Associate □ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved Charges:

□ All Charges □ Room and Vat □ City Tax □ Restaurant □ Room Service □ Wellness □ Transfer/Excursion

□ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- |
| Total Amount to Charge |  |

I certify that all information is complete and accurate. I hereby authorize the **Palazzo Caracciolo** to collect payment for all charges as indicated in the “Approved Charges” section of this form by processing a charge to the credit card listed above. Charges must not exceed €\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for the entire stay/event. I certify that I am the authorized signer of the credit card listed above.

|  |  |  |
| --- | --- | --- |
| Cardholder name (Printed) |  | |
| Cardholder Signature |  | Date |