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CREDIT CARD AUTHORIZATION FORM

NAME OF THE CARD HOLDER (As it appear on the card)

PLEASE PRINT CLEARLY

PHONE _____ email address _____
FAX _____

CREDIT CARD TYPE: _____ MASTERCARD _____ VISA

CREDIT CARD NUMBER _____

EXPIRATION DATE _____ SECURITY CODE _____

BILLING ADDRESS (What you have provided to the credit card company)

city _____ state _____

zip code _____ country _____

Being the cardholder, by signing this form I authorize you to charge my credit card for the amount stated below. I understand that you will process the charge base on this Form and will not have a credit card imprint bearing my signature to support the transaction and I therefore, undertake to unconditionally honor and pay without demur and contestation , the said charges , as and when I am billed for the same by the credit card company/issuing bank.

Amount to be charged

Currency (Invoice currency) _____

Amount (Total amount as per invoice) _____

Amount in words _____

Payment for (Name of the guests) _____

Confirmation No _____ Arrival _____ Departure _____

I further agree that in the event my credit card becomes invalid, I will provide HOTEL MONTEMARE with a new valid credit card upon request, to be charged for the payment of any outstanding balances owed to HOTEL MONTEMARE.

Please duly complete this Form and send to us together with;

1. Clear photocopy of the credit card (both sides)

2. Clear photocopy of the detail page of the card holders' passport for signature verification

NB: Please pay attention to the following tips that will help us to process your payment efficiently;

– **Ensure that all required information is complete (send us all required documents intact and ensure that you provide all information accurately on this form)**

– **Ensure that the scanned images or faxes are of a clear quality**

– **Ensure that your signature on passport, credit card and this Form are identical (this is a mandatory requirement)**

(CARD HOLDER'S SIGNATURE)

as it appear on the card

(DATE)