

**Via Pasitea 119 - 84017 Positano (Sa)
Tel +39 089 875 010
Fax +39 089 811 251**
info@hotelmontemare.it

[www.hotelmontemare.it](http://www.hotelmontemare.it/)

**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)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**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) (DATE)**

 as it appear on the card