



### Credit Card Authorization Form

Dear Sir/Madam,

This form has been created in order to provide your credit/debit card to guarantee your reservation. Please provide all the information requested below to ensure prompt processing of your application. We ask you to please sign and date the form before submission. **The copy of the physical card is not needed and must not be sent to the hotel.**

I, the undersigned card holder .....(name) authorize Radisson BLU Carlton Hotel Bratislava to charge the below credit card in case of cancellation or no-show fees for accommodation booked (based on email communication) for the period ..... (dates of stay).

#### Cardholder Information – Required:

Name as it appears on the credit card:				
Card type:	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> American Express	<input type="checkbox"/> Diners
Account type:	<input type="checkbox"/> Personal	<input type="checkbox"/> Company/Corporate		
Issuing Bank:				
<b>Credit Card number and expiry date</b>				<b>Exp. Date.</b>
City, State and Zip:				
Phone number:		Fax number:		

**\*All above fields are mandatory in order for the form to be valid**

I certify that all information is complete and accurate. I hereby authorize Radisson BLU Carlton Hotel Bratislava to collect payment for room rate according to booking confirmation, in case of any cancellation fees and no-show fees occur with regards to the booking and according to the cancellation policy, by processing a charge to the credit card listed above. I certify that I am the authorized signet of the credit card listed above.

Cardholder name: \_\_\_\_\_

Cardholder signature: \_\_\_\_\_ Date: \_\_\_\_\_