



CREDIT CARD AUTHORIZATION FORM

PLEASE READ THIS BEFORE YOUR CONTINUE: FORM MUST BE COMPLETED IN FULL, SIGNED BY AN AUTHORIZED USER OF THE COMPANY CREDIT CARD, ALONG WITH **A CLEAR COPY OF THE CREDIT CARD BAND AUTHORIZED USER DRIVERS'S LICENSE OR PASSPORT PAGE SHOWING SIGNATURE AND PICTURE**, E-MAILED TO info@hotelgiuliocesare.com OR FAXED TO +39 06 3211736

_____ **UNCONDITIONALLY AUTHORIZES**
(NAME AS IT APPEARS ON CREDIT CARD)

HOTEL GIULIO CESARE in Rome, TO CHARGE THE FOLLOWING CREDIT CARD:

CREDIT CARD TYPE: (Tick One)   

Credit Card Number: !_!

Expiration Date: !_!_!_!_!_!_!_ CVV 2 Code !_!_!_!_!_!_ (above or on the back of your card)

FOR THE AMOUNT OF: EURO _____ (Booking Reference: Group ID xxxxxx)

Cardholder's Billing Address (Required):

Street Address: _____

City: _____ State: _____ ZIP Code: _____

Province: _____ Country: _____

Billing: Area Code and Telephone No: _____

(CARDHOLDER AUTHORIZED SIGNATURE)

(DATE)

I CONFIRM THAT THE xxxxxx COMPANY CREDIT CARD MAY ALSO BE USED TO GUARANTEE THE ROOMS STATED IN THE ROOMING LIST AND EVENTUAL CORRELATED NO-SHOW, CANCELLATION, LATE ARRIVAL, EARLY DEPARTURE, LACK OF PAYMENT AND EVENTUAL EXTRAS (CITY TAX, ETC.) NOT INCLUDED IN THE CONTRACT.

I CERTIFY THAT THE ABOVE STATEMENTS AND INFORMATION MADE IN THE AGREEMENT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I ALSO CERTIFY THAT I AM AUTHORIZED TO EFFECT CHARGES TO THE ABOVE CREDIT CARD NUMBER. IN THE CASE OF ANY ISSUES OR DISPUTES CONCERNING THIS TRANSACTION I WILL NOTIFY HOTEL GIULIO CESARE PROMPTLY TO RECTIFY THE SITUATION PRIOR TO NOTIFYING MY CREDIT CARD COMPANY.