



CREDIT CARD AUTHORIZATION FORM

Individual/Business/Group or Event Name: _____

Reservation Confirmation Number: _____

Arrival or Event Date(s): _____

Credit Card Billing Address: _____

City / State / Zip / Country: _____

Contact Phone Number: _____ Contact e-mail Address: _____

I hereby authorize the following charges to be applied to the following credit card.

Check all that apply:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Room & Tax | <input type="checkbox"/> Only Specific Incidental | <input type="checkbox"/> Gift Certificate | <input type="checkbox"/> All Stay Charges |
| <input type="checkbox"/> Food & Beverage | <input type="checkbox"/> All Banquet Charges | <input type="checkbox"/> Guest Amenity | <input type="checkbox"/> Other - see comments |
| <input type="checkbox"/> All Incidental | <input type="checkbox"/> Resort Services Fee | <input type="checkbox"/> Parking | |

I hereby authorize the following amount be applied to the credit card

(applicable sales tax and service charges may apply): _____

Comments: _____

Credit Card Number: _____ Name on Credit Card: _____

Expiration Date: _____ Cardholder Phone #: _____

Signature of Card Holder: _____ Current Date: _____

By submitting this form and any supporting documents, I confirm that I have read and agreed to the use of the personal information in accordance with your Privacy Policy for Guests.

Please send this completed form to
Hotel Le Favaglie - Fax # +39 02 93 484 400
together with the photocopy of ID credit card holder
and the photocopy front and back of the Credit Card.

All information is kept confidential and used only for the purposes as noted above.