



Premier Inn

Credit card authorization for one-time payment

I hereby certify,

_____ (First and last name)

_____ (E-Mail) and _____ (phone number)

the assumption of the costs of the following hotel services:

☐ overnight stay

☐ Breakfast

☐ Parking

☐ Miscellaneous: _____

Reservation Details

guest / guest name: _____

reservation number: _____

Place of performance (hotel name): _____

Check In Date: _____ Check out Date: _____

Please book the total amount of _____ EUR from the following credit card:

card type: ☐ Visa ☐ Mastercard ☐ American Express ☐ Andere:

Cardholders: _____

Last four digits of the credit card number XXXX XXXX XXXX _____

Credit card expiry date _____

date of approval _____

Signature of credit card holder / company stamp _____

☐ I will confirm the full credit card number of the card listed above over the phone reported to Premier Inn on + 49(0) 69 244 330 431.

Please send me the invoice to the following address:

Company name: _____

Address:
