



Credit Card Authorization Form

Credit card holder details:

Name: Prof. Dr. Albert Heuberger (as stated on the credit card)

Address: Am Wolfsmantel 33, 91058 Erlangen - Germany

Telephone: +49 9131-8525101 Fax: -8525102

Email address: albert.heuberger@fau.de

Credit Card Details:



Amex



Visa



Master Card



Diners Club

Card Number:

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Expiry date:

06	19
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Billing address: see above

Services covered by this credit card:



Room Only



Room & Breakfast



Room & Meals



Total bills

Others (Please specify): _____

Services are paid for Mr/Mrs: Hazem ELSAID

Check in: 02-April-2016

Check out: 08-April-2016

For confidentiality and security purposes, this document may only be sent by FAX to the following fax number: +974-44831717 and for any further inquiry please contact us on +974 44854444

Harmless Clause: I hereby agree:

- That authorization cannot be cancelled for any reason and the hotel has the authority to cash the amount authorized directly from the bank without referring to me and the bank is not permitted under any circumstances to stop the payment even in case of it's cancellation.
- To the fullest extent permitted by law, to protect, indemnify, defend & hold harmless Katara Hospitality Company doing business as Sheraton Doha Resort and Convention Hotel, any and all Starwood entities & their affiliates & employees and from all claims, liabilities, damages, losses and expenses.

Credit Card Holder Signature: _____

Date: 03-Feb-2016