



CREDIT CARD PAYMENT AUTHORIZATION FORM

DICKINSON COLLEGE OCTOBER 5TH, 2025 – OCTOBER 12TH, 2025

Further to the reservation of n. 01 *double room (or double room for single use)* Superior from October XX, 2025 to October XX, 2025 for XX nights under the name of Mr./Mrs. LASTNAME, Name

I AUTHORIZE

The Hotel Internazionale to charge the amount on the credit card as follow:

- STAY BALANCE (B&B basis) € 249 (or € 269) x XX nights = € XXX
- CITY TAX + EXTRAS will be settled at the departure

The BB will be charged on September 5th, 2025 and it will be not refundable in case of cancellation, modification or no-show.

Minimum stay: 3 nights

Credit card type _____

Credit Card number _____ Expiration date _____

Credit Card Holder _____

Address _____ Telephone _____

Signature _____

Please send this form by e-mail (internazionale@monrifhotels.it)

For security reason, send also a copy front and back of the credit card and copy of passport or identity card of the owner of the card.