

AUTHORIZATION FORM FOR CHARGE ON CREDIT CARD

To be completed entirely and return signed:
by fax: 051222978 or by mail: info@cavour-hotel.com

Credit card holder data:

Name and Surname

Address

Zip code

City

State

Phone Number

Credit Card Details

Type of Card |__| VISA |__| MASTERCARD

Card Number |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

Expiration Date (month and year) |__|__|__|__|

CVV |__|__|__|

Card Owner (name as it appears on the card)

(Credit card holder details must be the same of the permission petitioner)
(Please attach a copy of the document of the signer's permission)

Debits Data

In letters _____

Insert amount in Euro |__|__|__|__|__, |__|__|

Causal

Optional Notes

The Undersigned authorizes the company " Events & Services Srl " Hotel Cavour of Bologna (BO) , to charge on the credit card indicated above, the amount indicated above for the causal written above in date _____

I authorize you, at the same time, so that all the personal data are used exclusively for the purposes above mentioned in accordance with Art. 13 Law 30 June 2003 No. 196, ensuring maximum confidentiality and in order to provide useful business information.

Legible signature for acceptance
