
Credit Card Charge Authorization Form

I (we) hereby authorize (HOTEL NAME) “_____”
to make charge to my Credit Card listed below, and, if necessary, initiate adjustments for any
transactions credited/debited in error. This authority will remain only for this specific booking.

(Name - PLEASE PRINT AS APPEARS ON CARD)

(Address - PLEASE PRINT)

(Phone Number - PLEASE PRINT)

(Email - PLEASE PRINT)

Arrival Date: _____ Departure Date: _____

Double Single Use or Double

Please circle one: Visa / MasterCard / _____

Account Number: _____

Expiration Date: _____

Charge Amount: \$ _____ (only first night)

(Signature)

(Effective Date)

Please return, by mail or Fax, to:

Mit Congressi:

info@mitcongressi.it

fax: +39 051 08.22.077

Write Event info:

Title:

Date: