



## CREDIT CARD AUTHORIZATION FORM

Individual/Business/Group or Event Name: \_\_\_\_\_

Reservation Confirmation Number: \_\_\_\_\_

Arrival or Event Date(s): \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_

City / State / Zip / Country: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_ Contact e-mail Address: \_\_\_\_\_

I hereby authorize the following charges to be applied to the following credit card.

Check all that apply:

<input type="checkbox"/> Room & Tax	<input type="checkbox"/> Only Specific Incidental	<input type="checkbox"/> Gift Certificate	<input type="checkbox"/> All Stay Charges
<input type="checkbox"/> Food & Beverage	<input type="checkbox"/> All Banquet Charges	<input type="checkbox"/> Guest Amenity	<input type="checkbox"/> Other - see comments
<input type="checkbox"/> All Incidental	<input type="checkbox"/> Resort Services Fee	<input type="checkbox"/> Parking	

I hereby authorize the following amount be applied to the credit card

(applicable sales tax and service charges may apply): \_\_\_\_\_

Comments: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Name on Credit Card: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Cardholder Phone #: \_\_\_\_\_

Signature of Card Holder: \_\_\_\_\_ Current Date: \_\_\_\_\_

By submitting this form and any supporting documents, I confirm that I have read and agreed to the use of the personal information in accordance with your Privacy Policy for Guests.

**Please send this completed form to  
Hotel Le Favaglie - Fax # +39 02 93 484 400  
together with the photocopy of ID credit card holder  
and the photocopy front and back of the Credit Card.**

All information is kept confidential and used only for the purposes as noted above.