

BOOKING FORM LETTER OF AUTHORIZATION TO CHARGE CREDIT CARD

GUEST NAME:CHECK IN DATE:CHECK OUT DATE:ROOM TYPE (SINGLE/DOUBLESTIMATED ARRIVAL TIME:_	E):		
CARD HOLDER:			
CREDIT CARD TYPE: () AMERICAN EXPRESS			5
CARD NUMBER: SEC		SEC. CODE:	
TOTAL AMOUNT:CITY TAX: Please note that a		rate, you will b	e charged 1€/person/night
THIS AUTHORIZATION CAN () ROOM AND TAX () FOOD & BEVERAGE	() MEETING SP	ACE	() ALL STAY CHARGES
I shall be solely responsible i in good standing.	n ensuring that the	mentioned cre	dit card is within credit limit and
TRYP LISBOA AEROPORTO H fax / e-mail), of all expenses		_	contact (address / telephone / ed in the payment.
TRYP LISBOA AEROPORTO H be used abusively and that v information.			credit card mentioned, will not confidentiality about this
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CARD HOLDER'S NAME