



CREDIT CARD AUTHORIZATION FORM

Hotel Kristal has initiated this procedure to protect both Hotel Kristal and its customer from credit card fraud.

Cardholder information

Card type : Visa Mastercard
Card Number : _____ exp. Date : _____
Cardholder Name : _____
Billing Address : _____
Billing Zipcode : _____
Phone Number : _____

Guest Information

Reservation Number : _____
Guest Name : _____
Passport/ID Number : _____
Arrival Date : _____
Departure Date : _____

I certify that all information is complete and accurate. I hereby authorize Hotel Kristal to collect full payment associated with the booking by processing a charge to credit card listed above. I certify that I am the authorized signer of the credit card listed above.

Cardholder Name : _____

Cardholder Signature : _____ Date : _____