

# Sign on File

Attention:

Fax number:

From: Reservations Department, Elite Hotel Marina Tower

Subject: Charge of credit card

Thank you for your reservation. We kindly ask you to fill out this form to authorize the charge to your credit card. We will charge your card when we have received this form signed from you. KINDLY ENCLOSE A COPY OF YOUR ID AND BOTH SIDES OF THE CREDIT CARD!

I would like the following to be charged to my credit card: ( please mark your choice )

Room/breakfast  All charges   
Other  \_\_\_\_\_

Total amount to charge the credit card: \_\_\_\_\_

Name of guest: \_\_\_\_\_

Arrival date: \_\_\_\_\_

Departure date: \_\_\_\_\_

Room rate per night: \_\_\_\_\_

Reservation number: \_\_\_\_\_

We accept Visa, Eurocard/Mastercard, American Express and Diners Club.

CHARGE THIS CREDIT CARD:

Credit card number:	
Valid through:	
Signature:	
Date:	
Name:	
Address:	
Postal Address:	
Country:	
Telephone number:	
Fax number:	

KINDLY ENCLOSE A COPY OF YOUR ID AND BOTH SIDES OF THE CREDIT CARD!

Please fax the form back to +46 8 555 70 201 (reservations).

Kind regards,

Reservations

