

CREDIT CARD AUTHORISATION FORM



GUEST NAME



DATE OF ARRIVAL



CARD HOLDER'S NAME



COMPANY NAME



COMPANY/HOME ADDRESS



ZIP CODE, COUNTRY AND CITY



PHONE NUMBER



E-MAIL ADDRESS



Grand Hotel Downtown Eerste Constantijn Huygensstraat 10a 1054 BR, Amsterdam Tel: +31(0)20 760 2845 Fax: +31(0)20 760 2846

BY SIGNING THIS FORM I ACKNOWLEDGE THE FOLLOWING; (1) I HEREBY AGREE TO THE TERMS & CONDITIONS OF GRAND HOTEL DOWNTOWN, (2) I AUTHORIZE GRAND HOTEL DOWNTOWN TO CHARGE THE BELOW STATED AMOUNT FOR THE BELOW STATED PURPOSE(S) AND I AGREE THAT THESE CHARGES CANNOT BE REFUNDED, EVEN IN CASE OF A CANCELLATION OR OTHER CIRCUMSTANCE.

AMOUNT IN €

PURPOSE(S)

CREDIT CARD NUMBER

EXPIRY DATE

SECURITY CODE

DATE

SIGNATURE
CARDHOLDER

COPY PASSPORT & CREDIT CARD

OFFICIAL DOCUMENT