

Credit card authorization form

CARD OWNER INFORMATION

Last Name			First Name		
Company Name					
Email address					
Telephone					
Billing address	Street			City	
	Zip/Postal			Country	

CLIENT INFORMATION

Last Name			First Name		
Confirmation #					
Date of Stay	From			To	

AUTHORIZATION

I hereby, fully authorize the Residence Dizerens to charge the credit card number indicated below for :

<input checked="" type="checkbox"/>	The Studio, city taxes for the duration of the stay (including credit card fees - 3%)
<input type="checkbox"/> Yes <input type="checkbox"/> NO	Plus all incidentals charges (Laundry, telephone, internet, etc.)
<input type="checkbox"/> Yes <input type="checkbox"/> NO	Plus all Food and Beverage charges (Continental breakfast)

I also agree that my credit card could be charged, including but not limited to, in the event of damages, loss of failure to return the studio key upon departure, smoking in studio or additional cleaning fees deemed necessary.

CREDIT CARD INFORMATION

Credit card type	<input type="checkbox"/> Visa	<input type="checkbox"/> American Express	<input type="checkbox"/> Eurocard/MasterCard	<input type="checkbox"/> Diners Club
Name on the card				
Card Number				
Expiration date	/			
CVV Security Code				



I, the undersigned, certify that all information contained herein is complete and accurate, that I am the authorized signer of the card and I hereby authorize Residence Dizerens to collect payment for all charges.

Name	Signature
Date	

PLEASE PROVIDE US WITH A COPY (FRONT & BACK) OF THE CREDIT CARD AND A PICTURE IDENTIFICATION OF THE CREDIT CARD OWNER THEN SEND US THE COPIES AND THE COMPLETED CREDIT CARD AUTHORIZATION FORM TO