



AC Firenze

Via Luciano Bausi 5
50144 Firenze
Tel. +39 055 3120111
Fax. +39 055 3120112
e-mail: acfirenze@ac-hotels.com

AUTHORIZATION FORM TO CHARGE CREDIT CARD

Date.....

The Undersigned.....

owner of the credit card

CARD TYPE:	VISA	MASTERCARD	AMEX	DINERS
CARD NUMBER:				
EXPIRING DATE:				
CVV NUMBER:				

GIVE AUTHORIZATION TO HOTEL AC FIRENZE

to charge on the credit card mentioned above the amount of €.....regarding the payment of the stay (please specify if only for room and breakfast or also even for any incidental) of

MR/MRS.
CHECK IN:
CHECK OUT:

Here enclosed You can find the front and back copy of the credit card.

Please note that incomplete authorization form would not be consider valid.

Yours faithfully

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Signature

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