



## **Credit card authorization statement**

Please fill out the following form and send it by fax or e-mail, along with a **clearly legible copy of the front and back of the credit card to be charged**, to **[info@hiex-munich-north.de](mailto:info@hiex-munich-north.de)** or **+49 89-202 362 901**

**We hereby confirm that we will cover the hotel costs:**

### **1. Booking information**

Guest Name: \_\_\_\_\_

Booking number: \_\_\_\_\_

Travel Period: \_\_\_\_\_

### **2. The following costs are covered by the company mentioned below:**

☐ All costs    ☐ Bed and breakfast    ☐ Parking    ☐ Bar  
☐ Other costs: \_\_\_\_\_

### **3. Credit card information**

Credit card type: ☐ Individual (personalized card) ☐ Corporate credit card  
Type: ☐ Visa    ☐ Master    ☐ AMEX    ☐ JBC    ☐ Diners

Card holder: \_\_\_\_\_

Credit card number: \_\_\_\_\_

Valid until: \_\_\_\_\_

*\*Please note that only the cardholder can give authorization to charge the credit card. We cannot honor any form filled out on behalf of the cardholder. This policy is for the protection of the Cardholder's credit card. This authorization applies only to the charges stated on this form and will not result in any further charges.*

### **4. Billing address**

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Contact: \_\_\_\_\_

E-mail or Tel : \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Stamp & Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature cardholder