CREDIT CARD AUTHORIZATION FORM

Please print clearly, complete all blanks, sign and return

Booking No.	96649 UNI
Arrival date	_ _ / _ _ / _ _ _ _
Departure date	_ _ / _ _ / _ _ _ _
Amount	_ _ . 165.00 _ _ €
Credit card	☐ VISA ☐ MasterCard ☐ American Express
Credit card number	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _
Expiration date	_ _ / _ _ _ _
Credit card holder	
Address	
Phone number	

I hereby authorize the BEST WESTERN PLUS Grand Hotel Victor Hugo**** Luxemburg to charge my credit card for the above-mentioned booking.

Cardholder's signature: _____

3 – 5 Avenue Victor Hugo – 1750 Luxembourg - Luxembourg
Tél : +352 26 27 440 - Fax : +352 26 86 47 30
E-mail : info@grandhotelvictorhugo.lu – Internet : www.grandhotelvictorhugo.lu
IBAN : LU39 0099 7807 0043 6199 - CODE BIC : CCRALULL * TVA : 19518508