



**CREDIT CARD PAYMENT AUTORIZATION FORM**

**I HEREBY AUTHORIZE HOLIDAY INN GDANSK – CITY CENTRE TO CHARGE MY CREDIT CARD AS FOLLOWS:**

- ACCOMODATION
- ACCOMODATION + BREAKFAST
- THE FULL AMOUNT

OTHER.....

**DURING STAY IN HOLIDAY INN GDAŃSK – CITY CENTRE.**

**RESERVATION FOR (NAME AND LAST NAME/COMPANY NAME):**

.....

**DATE:**

FROM.....TILL.....

**TOTAL AMOUNT:**.....

**CREDIT CARD DETAILS:**

CREDIT CARD NUMBER:.....

EXPIRATION DATE:.....

CREDIT CARD TYPE: .....

**CARDHOLDER DETAILS:**

NAME AND LAST NAME: .....

ADDRESS:.....

PHONE NUMBER:.....

EMAIL:.....

DATE: .....

SIGNATURE: .....

**AWARE OF THE RESPONSIBILITY I DECLARE THAT ALL THE INFORMATION IN THE APPLICATION ARE TRUE AND CORRECT.**