



Austria Trend **COMFORT**

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Kreditkarten Autorisierungsformular

Please complete this form carefully and return it to us by fax or mail. Please attach a photocopy of the front and reverse of your credit card.

Fax: +43/1-515 77-82 | Email: astoria@austria-trend.at

Credit card details

Credit card holder: _____

Card type: ☐ Visa ☐ MasterCard ☐ American Express ☐ Diners Club ☐ JCB

☐ Private credit card

☐ Company credit card | Company name: _____

Credit card number: _____

Expiry date: _____

Reservation details

Reservation number: _____

Arrival: _____

Name of guest: _____

Departure: _____

Billing details

Which costs can be applied to the credit card above?

- ☐ Total bill ☐ Room and breakfast ☐ Room only ☐ Garage
☐ Bar and restaurant orders ☐ Telephone costs ☐ Airport transfer ☐ Minibar
☐ Other: _____

Billing address: _____

- ☐ Bill to be presented to guest when checking out
☐ Bill to be posted to the billing address listed above

The credit card above will be used to guarantee the reservation and ensure that the bill is paid within the due date.

Confirmation

I certify that the information provided is complete and accurate. I give my consent for Austria Trend Hotel Astoria to use my credit card for payment in line with the details set out in the contract above.

The total amount invoiced must not exceed €X,XXX.XX. Any difference must be paid by the guest at the hotel. If it is not possible to complete the payment transaction using the credit card details supplied, the guest is required to pay all open balances. A new authorisation form must be completed if the reservation is changed in any way.

I hereby confirm that I am the authorised signatory of the credit card.

Name in block capitals

Date | Signature