AUTHORIZATION FORM









| HOTELS |
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| Reservation number: | | | | | |
|----------------------------|--|----------------|----------------------|--------------------------|-------------|
| NH Hotel: | | | | | |
| Arrival date / Departure | date: | | | _ | |
| Hereby I authorize the NI | H Hotel Group to charge | the credit car | d already register | ed in respect of the bel | ow charges: |
| | □ Room □ ALL Charges □ Others (specify): | | □ Breakfast | □ Parking | □ City tax |
| | | | | | |
| 3 | | | | | |
| Registered Credit card: | | | f the credit card re | egistered in the reserva | tion) |
| Signature of the cardhold | der: | | | | |
| Cardholder Telephone nu | ımber: | | | | |
| Amount: | | | | | |
| Please issue the invoice v | with the following inform | nation: | | | |
| Company/ Agency: | | | | | |
| Tax ID: | | | | | |
| Street/ Nr.: | | | | | |
| Postal Code/ City: | | | | | |
| Country: | | | | | |
| And send it by: | □ Regular mail | □ Email | | | |
| Signature & Name | | | | | |

The terms and conditions of the reservation will apply. In the case of No show, we are authorized to charge the cancellation fees to the credit card provided above.















