



CREDIT CARD PAYMENT AUTHORISATION FORM

Name of person authorizing payment:

Phone & e-Mail:

Company:

Address:

Contracted Services:

from (arrival) to (departure)

room:

I authorize Raffl`s Star Hotels GmbH / Raffl`s Tyrol Hotel to debit the below advised credit card for a total amount of EUR

Credit Card Number:

Expiry Date:

Please note, that the above Credit Card is registered to the following address:

Signed:

Date:

All information is kept confidential and used only for the purposes as noted above.