CAMINO REAL

★ ★ ★ ★ ★

CREDIT CARD AUTHORIZATION FORM

In agreement with terms and conditions of lodging and services, I_____ authorize the charge of $us._____, (_____00/100 American Dollars), to charged on my credit card, in payment for lodging, food and beverage consumptions, extras and/or services provided by **Suites Camino Real** (SUR10 S.R.L.).

_____

SIGNATURE

Explanation of signature: _____

Identification Document Number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

RESERVATION INFORMATION

Guest Name: _____

Check in date: From _____ to _____ 200

CREDIT CARD INFORMATION

American Express ☐ Master Card ☐ Visa ☐

Personnel ☐ Corporative ☐

Type: _____

Name on the card: _____

Credit Card Number: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Security Code: ☐☐☐

Expiration date: ☐☐ ☐☐ ☐☐

MM DD YY

WITH THIS FORM PLEASE ATTACH A PHOTOCOPY OF BOTH SIDES OF THE CREDIT CARD AND A PHOTOCOPY OF AN IDENTIFICATION DOCUMENT (for example a photocopy of your passport)
TO THE FAX NUMBER: 591.2.2791616 OR E-MAIL suites@caminoreal.com.bo