



PAYMENT AUTHORIZATION FORM

In accordance with the terms and conditions of accommodation and services, I authorize to charge the amount of \$us. _____, (_____ 00/100 American Dollars), by concept of lodging, extra consumption and/or services rendered by Hotel Victoria S.R.L.

IDENTIFICATION DOCUMENT No.

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DATAS ON THE CARD

MASTER CARD _____ VISA _____

Personal _____ Corporate _____

TYPE: _____

NAME OF CARD HOLDER: _____

CARD NUMBER: _____ CODE: _____

Expiration Date: _____ DAY _____ MONTH _____ YEAR

SENT ATTACHED TO THIS DOCUMENT, PHOTOCOPY OF THE CREDIT CARD (FRONT AND BACK) AND DOCUMENT OF IDENTITY TO FAX: 591 4 4487303 OR EMAIL: hvr@victoria-resort.com