



Credit Card Payment Authorization

Cardholders name:

Type of Card: Visa Mastercard AmEx Other _____

Creditcard number:

Expiration Date: / CVS code:

Billing Address:

City: Post code: Country:

Phone Number:

Reservation Number:

Reservation Name:

By signing this form, you authorize KEA HOTELS

to charge your card for the amount of:

to use the card as a booking guarantee

Date and Year:

Authorised Signature: _____