1094 Budapest, Viola u.10-14.
www.actorhotel.hu sales@actorhotel.hu Tel.: +36 1 323 0027

Referral code: **SZIECONF**

CREDIT CARD AUTHORIZATION FORM

I ………………………………………….. hereby authorize the use of my credit card as a guarantee of my reservation to cover the following charges if applicable:

**Accommodation fee :**

Type of credit card: Visa Mastercard

 Cardholder’s name:

 Credit Card number:

 Expiration Date:

 Cardholder’s address: (as it is registered at the bank)

 Date:

 ………..…………………………………… Signature of Card Holder

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