



CREDIT CARD AUTHORIZATION FORM

Please note that the following information would be required in order to process and confirm credit card payment.

Credit Card Type	
Credit Card number	
Las 03 digits at the back of your credit card	
Expiration date	
Name of the card holder	
Passport number	
E-mail address	
Guest names	
Travel dates	

I hereby instruct the Hotel _____ to debit my credit card the

Total amount of: USD\$ _____ (American dollars).

Card holder's (Signature)

Date

KINDLY NOTE:

Please ensure a Scanned copy of the signed form, the copy of the front and back of your Credit Card and cardholder's ID in order to proceed with the charges by the provided deadline.

Please notice that debit cards do not apply for this type of payment, only credit cards.

This form and way of payment is applicable only up to 7 days prior the arrival date in order to process the charges.

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