

**Authorization Form**

I, (name) \_\_\_\_\_, hereby authorize  
SANA Capitol Hotel to charge my Credit Card:

- Visa   
Amex   
MasterCard   
Other

Nr. \_\_\_\_\_

Exp. Date \_\_\_\_/\_\_\_\_

Security Code \_\_\_\_\_

The Total amount of \_\_\_\_\_, \_\_\_€

Card holder Signature

\_\_\_\_\_

**PLEASE FILL AND SIGN THIS FORM AND FAX TO +351 21 352 61 65  
TOGETHER WITH A COPY OF FRONT AND BACK OF THE C. CARD.**