

GASTWERK HOTEL HAMBURG
Credit card authorization form

I hereby confirm the assumption for the costs of the reservation number:

guest name:

arrival date:

departure date:

number of guests:

room rate:

For breakfast we will charge € 19,50 per person and day.

Written consent:

Herewith I agree, that the chosen costs will be charged to the given credit card on arrival of the guest.
The receipt will be send to the company address.

name

street

zip and city

The following costs are covered: accommodation breakfast extras

Please charge the following credit card:

Credit card number

____/____
Expiry date

Legible name & signature

company stamp