



## CREDIT CARD AUTHORIZATION FORM

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

### Credit card information:

#### CARD TYPE:

MasterCard

Visa

AMEX

Other \_\_\_\_\_

Cardholder Name (as showed on card): \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

3 Digit CVC Code: \_\_\_\_\_

I, \_\_\_\_\_, authorize Hôtel-Restaurant DAHM Sàrl to charge my Credit Card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date