



Credit Card authorization Form

FOR CONFIDENTIALITY AND SECURITY PURPOSES, THIS DOCUMENT MAY ONLY BE SENT BY FAX TO THE FOLLOWING NUMBER +39 06 5940555.

I hereby authorize the Sheraton Roma Hotel & Conference Center to charge my credit card

American Express Visa/Mastercard Diners Other

CREDIT CARD NUMBER: _____ Valid until ____/____/____

The amount of (select one) EURO /USD\$ _____ covering:

Room accommodation plus any of the following (tick as appropriate) incidental charges (Full Credit)

city tax 6.00€ pp pn

For reservation number: _____

Number of rooms: _____

Guest name _____

Arrival date: _____ Departure date: _____

Credit Card Holder's Name (as stated on the card): _____

Guest contact address: _____

Phone / Fax Number and email address: _____

Billing Address _____

Card holder Signature: _____

With his/her signature hereon, the credit card holder declares his/her agreement that his/her credit card will be charged for the above services.

NOTE

REMARKS: _____

CARD NOT PRESENT

If your Visa or Mastercard has a currency different from euro, you can choose to pay in the currency of your credit card. The Currency amount on your card transaction receipt will be the amount that you will be charged to your card issuer.

Please flag: My currency O EUR O

Please be aware that if your credit card supports DCC (dynamic currency conversion: www.global-blue.com) and if you don't flag any preference we will proceed in your home billing currency, with the benefit of a competitive exchange rate offered by Global Blue based on SEB wholesale rate (including mark-up 2,75%) as of the moment the order is processed.

Sheraton®

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