AUTHORIZATION FORM



For the reservation number:	
The guest(s) is/are staying in the NH	
Arrival date / Departure date:	
Hereby I authorize NH Hoteles to charge my credit card in respect of the below charges for the following guest(s): 1	
2	
3	
4	
5	
We agree to pay for: □ room □ to ALL Charges □ other (specify):	reakfast □ parking □ city tax
Please charge the above mentioned charges:	□ immediately □ on arrival date
	□ other date:
Type of credit card: □ American Express □ VISA □ MasterCard □ Diners □ JCB □ Other	
Credit card number:	
Expiration date:	
Name cardholder:	
Signature of the cardholder:	
Cardholder Telephone number:	
Please send the invoice after the guests' departure to:	
Company/agency:	
Attn. to/ cost center:	
Street/Nr:	
Postal Code/ City:	
Country:	
	Signature & Name

The terms and conditions as mentioned in the reservation confirmation will apply. In the case of No-Show we are authorized to charge the booking as confirmed per reservation on the credit card given above.









