



CHECK-IN all-ways

SWITZERLAND

**CREDIT CARD AUTHORIZATION FORM
FOR CREDIT CARD PAYMENTS**

I, _____, the authorized cardholder and/or the legally entitled third party agent authorize the specified charges to the following credit card:

Card type: American Express
Master Card
Maestro / EC
Visa

Card number: _____

Expiry date: _____

CV2 code: _____

Cardholder name: _____

Cardholder address: _____

Total amount: _____

Currency: **CHF**

Description:

Date / Place

Signature

Please attach a colored copy of the credit card (front - and backside) to this authorization letter.