ART-HOTEL
Saint-Petersburg

Please fill in, sign and send by fax:
+7 812 7407585
or by email: **info@art-hotel.ru**

CREDIT CARD AUTHORIZATION FORM

Cardholder First Name: _____

Cardholder Second Name: _____

Card Type: VISA MasterCard Diners Club JCB

Card Number: _____

Expiry Date: ___ /___ (mm/yy)

Passport №: _____

Date of arrival at Art-Hotel: ___ /___ /_____ (dd/mm/yyyy)

Date of departure from Art-Hotel: ___ /___ /_____ (dd/mm/yyyy)

Phone/fax: _____

Email: _____

This authorization covers the services outlined below:

DESCRIPTION	AMOUNT
Visa support fee (25 EUR per Invitation Letter)*	_____ EUR
First night's stay prepayment **	_____ EUR
TOTAL:	_____ **EUR**

* Accordingly to number of visas requested.
** Accordingly to first night rate and number of rooms reserved and confirmed.

I, hereby, authorize Art-Hotel to charge my Credit Card accordingly to the details stated above.

___ /___ /_____ _____
Date Signature