



THE LEVANTE
LAUDON

Guest / Company Name: _____

Dates of Stay/Function: Arrival: _____ Departure: _____

Items to be charged:

Guestroom and Tax: € _____

Meeting Room Rental: € _____

Additional Charges: € _____

**Certain charges are non-refundable*

This Letter authorizes The Levante Laudon to charge the items mentioned above to my credit card:

Name: _____

As it appears on credit card

Billing Address: _____

As it appears on the credit card statement

Card Holders Telephone Number: _____

Credit Card Number: _____

Expiration Date: _____

Security ID: _____

Visa/MC (3-digit on back of card)

Please include a **CLEAR** photocopy of **FRONT & BACK** of the actual credit card. Requests cannot be processed without the above information and are pending a manager's approval.

Card Holder's Signature

Date of Signature