



Holiday Inn
Porto Gaia

RESERVATION NR:



NAME: _____

ID OR PASSPORT NUMBER: _____

EXPIRY DATE: __/__/__

CITY: _____

COUNTRY: _____

DATE OF BIRTH: __/__/__

CREDIT CARD NR: _____

EXPIRATION DATE: _____

CHECK IN	CHECK OUT

N. ROOMS	SUPERIOR ROOM	
	SINGLE	DOBLE
PRICE	€ 86,00	€ 96,00

EMAIL: _____

TELEPHONE NUMBER: _____

RESERVATION CONTACTS: **Marta Veloso +351 223747500**
reservas@hiportogaia.com

REMARKS: _____

DATE: _____

Credit Card Authorization Form

Date: ____/____/____

I, _____,

Check only one:

- As the Individual cardholder, I hereby authorize this card to be used for the deposit required.
- As the company representative, I hereby authorize this card to be used for the deposit required.

Credit Card Information:

Name as it appears on the Card:

Type of Card: VISA MASTERCARD AMERICAN EXPRESS _____

Credit Card Number ____-____-____-____ Expiration Date ____/____

Security Code BACK of Visa OR Master Card: (3 digits) _____

Security Code FRONT of Amex Card: (4 digits) _____

Credit Card Billing Address: Street: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____

Cardholder or Company Representatives Signature: _____

Date: ____/____/____

I hereby authorize this card to be used for the future deposits and/or final payment.

Sign to authorize future charges

Cardholder's Name: _____