

Credit Card Authorization Form

PRINT AND COMPLETE THIS AUTHORIZATION AND RETURN WITH A <u>COPY OF YOUR PERSONAL</u> <u>DOCUMENT</u>, FRONT AND BACK, AND <u>PHOTO OF THE CREDIT CARD</u>, FRONT AND BACK

(All information will remain confidential)

l,							, here	by a	uthor	ize Leibto	ur.com
[Locoprice SL	/ Viajes S	detours	S.A.] to	charge	my	credit	card	for	the	following	guest
			Rese	ervation	Num	ber					
Check-in/_	/ and th	neir hote	l/apartme	nt reserv	ation/	and re	lated o	charg	jes in	associatio	on with:
□ - Hotel Room	n or Apartmei	nt, Tax(e	es), and F	ee(s)							
□ - Extra servio	ces (like Car	Hire, Ex	cursions,	Transfer	s etc))					
□ - Other:											
		To	tal Amou	nt to be	Char	ged					
Type of Card	□ - AMEX		- Discove	er 🗆	- Ma	sterCar	·d	□ -	· Visa	ı 🗆 - C	Other
Cardholder Nan	ne (as showr	on the	card):								
Credit Card Nur	mber:					-					
Expiration Date	Security Code (3 Digits)										
Billing Address:	_										
PHONE:EMAIL											
By signing this f		e us per	mission to	o debit yo	our a	ccount	for the	amo	ount i	ndicated o	n or
Cardholder's S	Signature										
Date /	/										

I authorize the above-named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.