



ÍSLANDSHÓTEL



CREDIT CARD PAYMENT AUTHORISATION

Credit card charge guarantee for facilities and services as follows:

REFERENCE NUMBER NAME OF GUEST
DATE OF EVENT (Arrival start date):
COMPANY NAME:
CONTACT STAFF NAME AND CONTACT DETAIL:

VISA MASTER CARD DINERS AMERICAN EXPR. JCB

Card holder _____

Card number - - - - -

EXP. Date - - | - -

CVV number _____

Amount to be charged: _____

Currency: ISK EUR USD GBP

Authorised Signature: _____

Date: _____

Name of signatory: _____

Title | Function: _____

Hotel confirmation. The above transaction was made __ | __ | ____ DATE. Signed: