

ROSEWOOD
CASTIGLION DEL BOSCO
TUSCANY

CREDIT CARD AUTHORIZATION

I hereby authorize Castiglion del Bosco Hotel to charge my credit card below:

CIRCLE APPROPRIATE CREDIT CARD TYPE:

AMERICAN EXPRESS VISA MASTERCARD JCB

CREDIT CARD NUMBER: _____

exp: _____

CREDIT CARD HOLDER: _____

Signature _____

Specific types of charges which my credit card can be used are (please circle):

ALL CHARGES ROOM & TAX FOOD & BEVERAGE BANQUET
 SHIPMENT

OTHER CHARGES (please specify): _____

Guest Name: _____

Arrival Date: _____ Departure Date: _____

Confirmation # : _____

BILLING ADDRESS OF THE CARD HOLDER (mandatory information to issue the invoice):

Name / Company: _____

Company VAT number: _____

Address: _____

City & Postcode: _____

Phone/Fax Number: _____

E-mail address: _____

**A LEGIBLE PHOTOCOPY OF THE FRONT OF THE CREDIT CARD IS
MANDATORY TO AUTHORIZE APPROVAL**

Place Card Here For Copy
Front

Place Card Here For Copy
Back

Castiglion del Bosco Hotel S.r.l. a Socio Unico
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Cap. Soc. Euro 100.000 – R.E.A. 602526 – Iscr. Reg. Imp. Firenze n. 01194630529 – C.E. e P.I 01194630529

