

Please fax this form back to (506) 2682-0353

Giardino Tropicale

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CREDIT CARD CHARGE AUTHORIZATION FORM

Date:

I,hereby authorize **ADMINISTRADORA HOTELERA CASA SUIZA**

(name as on card)

to charge my credit card No: _____ Exp. Date: _____
(please indicate kind of card)

In the amount \$ - **DOLLARES**

Bank Code _____
(appears at the left side before card number)

Date of check in:

Date of check out:

I have read and accept the conditions of the reservation and I agree to pay the amount here authorized, even though I have not signed the original charge note or voucher. I agree to pay this amount in case of *no show* or cancellation 21 days or fewer prior to arrival.

Signature _____