



Credit Card Authorization Form

Individual/Business/Group or Event Name:

Reservation Confirmation Number:

Arrival and Departure dates:

Credit Card Billing Address:

City/State/Zip/Country:

Contact Phone Number:

Contact Email Address:

I hereby authorize the following charges to be applied to the following credit card.

Check all that apply:

- | | | |
|--|--|---|
| <input type="checkbox"/> Room & Tax | <input type="checkbox"/> All Stay Charges | <input type="checkbox"/> Guest Amenity |
| <input type="checkbox"/> Food & Beverage | <input type="checkbox"/> All Banquet Charges | <input type="checkbox"/> Other – see comments |
| <input type="checkbox"/> All Incidentals | <input type="checkbox"/> Only Specific Incidentals | |

I hereby authorize the following amount be applied to the credit card (applicable sales tax and service charges may apply)

Comments:

Credit Card Number:

Name on Card:

Expiration Date:

Cardholder Phone #:

Signature of Card Holder:

Date:

Please fax this completed form to +994 12 404 31 63 or send by email to reservation@qafqazcityhotel.com.

Please transmit this form at least 72 hours prior to your planned arrival in order to ensure your request is processed.

All information is kept confidential and used only for the purposes as noted above.

34 Tbilisi Avenue, Nasimi district, AZ 1122, Baku / Azerbaijan

Tel: +994 (12) 4043160 Fax+994 (12) 4043163

www.qafqazcityhotel.com