Hilton
MOLINO STUCKY, VENICE

Date _____/_____/_____	From _____
Att: _____	Phone n° _____
Fax n°: _____	Fax n°: _____

THIRD PARTY PAYMENT

Guest name _____ Arrival date ___/___/____ Departure date___/___/____

I WOULD LIKE TO PAY FOR:

- ❑Room
- ❑Room and Breakfast
- ❑City Tax
- ❑Full charge
- ❑Extras
- ❑ Others please specify

Please Debit My:

❑ VISA ❑ MasterCard ❑ American Express ❑ CartaSi PIU ❑ Diners Club International

CARD HOLDER'S NAME: _____ ***AMOUNT:*** _____

Card N°: _____ ***Exp. Date:*** _____

The above mentioned people/company undertakes any civil and criminal liability as regards the inaccuracy of supplied data as well as any possible irregular transactions *GHMS Venezia SPA*, may effect without its own direct responsibility on the occasion of payment procedures.
IMPORTANT: all forms without a signature are not valid. Please check if the number of your credit card is correct.
I hereby authorise the HILTON MOLINO STUCKY VENICE to charge my credit card for the above services

Credit card holder's Signature_____

Credit card holder details:

Last Name: _____
Name: _____
Address: _____
City: _____
Postal Code: _____
Country: _____

Billing Address (All fields are Mandatory):

Company / Name: _____
VAT # : _____
Address: _____
City: _____
Postal Code: _____
Country: _____

PLEASE ATTACH FRONT AND BACK COPY OF THE CREDIT CARD AND PERSONAL DOCUMENT