

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

From _____
 Phone 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:



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

HILTON MOLINO STUCKY VENICE

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GHMS Venezia S.p.A - Socio unico - Sede legale: Via Orti, 1/A - 37050 San Pietro di Morubio (VR)

Capitale sociale Euro 50.000,00 int.vers. | C.F. n.13041131007 R.E.A. di Verona n. 415847

