

[www.Rossellino.it](http://www.Rossellino.it)

**CREDIT CARD AUTHORIZATION FORM**

\* Fields marked with an asterisk are mandatory

\* e-mail:

\* Name on Card:

\* Payment Methods: American Express

\* Credit Card Number:

\* Expiration Date:

\* Cardholder Phone:

\* Signature of Card Holder: \_\_\_\_\_

\* Current Date: \_\_\_\_\_

By submitting this form and any supporting documents, I confirm that I have read and agreed to the use of the personal information I am giving you in accordance with your Global Privacy Policy for Guests, which is available at [www.rossellino.it/privacy.htm](http://www.rossellino.it/privacy.htm)

Please mail this completed form to:

**Hotel e.mail #:**

each request is subject to confirmation of the hotel

