

Eucass 17

PLEASE COMPLETE AND SIGN THIS AUTHORIZATION AND RETURN TO US. All information will remain confidential.

Cardholder Name:
Credit Card Type: Visa;Mastercard; AmEx;
Credit Card Number:
Expiration Date:
Amount to Charge: EUR \in , 00. Per night per Room
I authorize B&B Hotel Milano Cenisio-Garibaldi to charge the agreed amount listed above to my credit card provided herein. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.
Reservation for :
DOUBLE ROOM n° SINGLE ROOM n°
CHECK IN://
CHECK OUT://
Signed:

Once signed return the completed form to:

MI.CENISIO@HOTELBB.COM