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| **Ibis hotel Antwerpen Centrum**  Meistraat 39  2000 Antwerpen  BELGIUM  Tel : +32 3 231 88 30  Fax : +32 3 234 29 21  E-mail : H1453-SB@accor.com  AUTHORIZING TO USE THE FOLLOWING CREDIT CARD AS A GUARANTEE OF ARRIVAL | | | | | | | |
| **Reservation Details** | | | | | | | |
| *Name of guest* | | | |  | | | |
| *Date of Stay:* | | *from* |  | | | *to* |  |
| *Number of Nights:* | | | |  | | | |
| *Reservation Ref:* | | | | | | | |
| **Credit Card Details** | | | | | | | |
| Name of Cardholder as it appears on card: | | | | |  | | |
| Address of Cardholder: | | | | |  | | |
| Billing Address if different: | | | | |  | | |
| Credit Card Number: | | | | |  | | |
| Expiry date (month / year) | | | | |  | | |
| Name of the Bank:  *(Financial Institution that Issued the card)* | | | | |  | | |
| **I authorize to charge my credit card in case of late cancellation or 'no show'** | | | | | | | |
| Name: |  | | | | | | |
| Signature: |  | | | | | | |
| Date: |  | | | | | | |