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| **Ibis hotel Antwerpen Centrum**Meistraat 392000 AntwerpenBELGIUMTel : +32 3 231 88 30Fax : +32 3 234 29 21E-mail : H1453-SB@accor.comAUTHORIZING 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: |  |