

CHARGE AUTHORIZATION FORM

Group or Guest Name:		
·		
Arrival Date:	C	onfirmation Number:
I hereby authorize Dreams Hotels to charge my credit with the amount as described below.		
AUTHORIZED AMOUNT:		
Date to be charged:		
(Hotel wills charge card as arrival date unless otherwise specified.)		
Caralla I dan Namas		
Cardholder Name:		
Credit Card Type:	Number:	Expiration Date:
SIGNATURE OF CARDHOLDER:		
DATE SIGNED:		
DATE SIGNED.		
DESCRIPTION OF CHARGE:		

- A photocopy of the front and back of the above credit card must be included for the request to be processed.
- In order to avoid penalty, you are required to cancel 48hr prior to arrival date
- Please return completed form by Fax to 56-2- 2033095 vtorresf@mundodreams.com