



HOTEL BRISTOL
WARSAW

THE
LUXURY
COLLECTION

CREDIT CARD AUTHORIZATION FORM

I HEREBY CERTIFY THAT I AGREE TO COVER THE EXPENSES FOR:

Guest name:
Reservation number:
Arrival date:
Departure date:

FOR BELOW SERVICES (PLEASE MARK CORRECT OPTION):

Room and Tax Room, Breakfast and Tax All expenses Guarantee only
 Other (please specify)

I AUTHORIZE HOTEL BRISTOL, WARSAW TO CHARGE MY CREDIT CARD:

Credit card number: Valid Until: /.....
Credit card holder name as stated on the credit card (uppercase please):
Credit card holder address:
Contact details of the Credit card holder (telephone, fax, e-mail):
Signature of Credit card owner (as stated on the credit card):
Date signed:

BILLING ADDRESS (in case of no information the invoice will be issued with Guest name):

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KINDLY NOTE: IN ACCORDANCE TO THE CREDIT CARD COMPANIES REQUIREMENTS, FOR YOUR SECURITY PLEASE FILL IN THIS FORM AND RETURN COMPLETED TO US ONLY VIA SECURE FAX NUMBER: + 48 22 826 14 07.
PLEASE DO NOT SEND CREDIT CARD DETAILS VIA E-MAIL. LET US INFORM YOU THAT FORMS SENT TO US BY E-MAIL WILL BE AUTOMATICALLY DELETED.

PLEASE DIRECT ANY QUERIES TO RESERVATION DEPARTMENT: + 48 22 55 11 817.



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HOTEL BRISTOL
A LUXURY COLLECTION HOTEL, WARSAW
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