

From:

To : **Hotel Angrense** Ltda.

Credit Card Authorization Charge

NAME: _____

ID Card: _____ **PASSPORT NUMBER:** _____

CREDIT CARD: VISA () MASTERCARD () DINNERS () AMEX ()

NUMBER: _____ **VALID:** _____

SECURITY NUMBER:(THE LAST THREE NUMBERS BEHIND THE CARD): _____

AMMOUNT R\$ (reais) R\$

RESERVATION AT ANGRENSE HOTEL

PERIOD: From: ____/____/____/ **To:** ____/____/____

GUEST: _____

CREDIT CARD PHOTOCOPY (BOTH SIDES)

PASSAPORT PHOTOCOPY (BOTH SIDES)

GUEST SIGNATURE