



FOUR SEASONS HOTEL

Amman

CREDIT CARD AUTHORIZATION

I hereby authorise The Four Seasons Hotel Amman to charge my credit card as specified below:

Please Circle the Appropriate Credit Card Type: American Express
 Visa
 MasterCard
 Diners Club

Credit Card Number: _____ exp: _____

Credit Card Holder: _____

Print name

Signature

Specific types of charges, which my credit card may be used, are (please circle):

All Charges Room & Tax Food and Beverage Banquet

Other Charges (please specify): _____

Guest Name: _____

Arrival Date: _____ Departure Date: _____

WHERE TO SEND THE COPIES OF THE BILLS:

Name / Company: _____

Address: _____

City & Postcode: _____

Phone Number _____

Fax Number _____

A LEGIBLE PHOTOCOPY OF THE FRONT OF THE CREDIT CARD IS MANDATORY TO AUTHORISE APPROVAL

Please fax your copy to: 00962-6-550-5080