**RESERVATION FORM**

Guest Name

Arrival Date / / Departure Date / /

Address

Zip City State Country

Business Phone ( )

Passport number:

Type of Credit Card ( Amex / Visa / Mastercard / Other )

Credit card number

Expiration Date / /

Security Code

Guest Name

Reservation Number

Amount authorized to be charged on my credit card Usd

Debit to credit card:   
( ) Room Rate and taxes   
( ) All expenses   
( ) Room rate, taxes and transportation (airport-hotel-airport pick up service)

( ) Another expenses:

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**INVOICE**

The invoice will be issued under the guest name, we can add the company information if needed.

Signature of credit card holder

Date / /

**IMPORTANT:**

**Please send this authorization with the full information and attached a copy of front and back of credit card and a copy of an ID or passport to** [**reservas@radissonciudadempresarial.cl**](mailto:reservas@radissonciudadempresarial.cl) **, if the hotel does not receive these documents the hotel will not make any charge.**