

**CREDIT CARD AUTHORIZATION FORM**

GUEST NAME ---------------------------------------------

NAME OF THE ACCOMMODATION ---------------------------------------------

LOCATION ---------------------------------------------

RESERVATION DATES ---------------------------------------------

**Payment Information**

Total Amount to be Charged Card Type

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Cardholder's Name Card Number

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Billing Address Card Expiry Date

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With this Credit Card Payment Authorization , I hereby authorize Wine Tour Amalfi Coast to apply the credit card information provided to the following services which i have requested and agreed to by email with my concierge in connection with the above mentioned reservation:

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Cardholder's Signature Date

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