



## Authorization for Credit Card Use

PRINT AND COMPLETE THIS AUTHORIZATION AND RETURN.  
All information will remain confidential

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_  
\_\_\_\_\_

Credit Card Type: \_\_\_\_\_ Visa \_\_\_\_\_ Mastercard \_\_\_\_\_ Diners \_\_\_\_\_ AmEx  
\_\_\_\_\_Maestro

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Card Identification Number: \_\_\_\_\_ (last 3 digits located on the back of the credit card)

Amount to Charge: KN \_\_\_\_\_  \_\_\_\_\_ \$ \_\_\_\_\_

I authorize \_\_\_\_\_ to charge the amount listed above to the credit card provided herein. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder – Please Sign and Date

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_



ŽIRO RAČUN: 2390001-1100441441 • SWIFT CODE: HPBZHR2X • IBAN: HR7323900011100441441  
LAURUS BELLEVUE d.o.o. u stečaju • 21000 SPLIT, BANA JOSIPA JELAČIĆA 2 • POREZNI BROJ: 0714739 • OIB: 30066470924  
E-mail: rezervacije@hotel-bellevue-split.hr • Tel.: +385 (21) 345-664, 347-499, 344-740 • Fax.: +385 (21) 362-383