*AUTHORITATION FORM*

*Group name / Sponsor name*

*Number of rooms requested per day*

*Total of room nights*

*Arrival day Departure day*

*❒ Payment - Via Credit Card (Please fill out information below)*

*❒ Payment - Via Wire Transfer (Invoice will be provided upon submission of form)*

*Room Rates*

*Superior Single Occupancy: 160.00€ + vat BB*

*Superior Double Occupancy: 170.00€ + vat BB*

*BILLING INSTRUCTIONS*

*Company*

*Address*

*Country TAX VAT*

*Telephone*  E-mail

*Payment Options*

*Credit Card*

*I allow the* ***Meliá Castilla*** *Hotel to charge the full reservation amount to guarantee the group reservation to the following Credit Card provided by….. (Company)*

*Credit card number:*

*Expire date:* **CVV:**

*The Card Security Code is located on the back of the credit card (or in the front for AMEX cards. It is a group of 3 numbers.*

*Name of the card holder:*

*Amount (10%vat incl.):*

*Signature:*

*Please attach a copy of the CC (BACK AND FRONT) as well as a copy of the cardholder’s passport.*

*Payment via bank transfer*

***Bank****: Banco Popular*

***Address****: C/ Francisco Gervas 9*

***City****: 28020 Madrid*

***Bank account****: ES21 0075 0437 19 0600040111 - POPUESMM*

*Payment conditions*

*Payment to be received in full for room blocks*

*Cancelation conditions*

*Any cancelation of rooms booked for the nights of 18, 19 and 20 January 2017 will be charged in full as per contract. In reference to eventual pre or post night client can cancel 5% of the room block without penalties until 12th December 2016.*

**Please email this form to: Oliver Fuchs at oliver.fuchs@hotelmeliacastilla.com**