



CREDIT CARD AUTHORIZATION FORM

CORPORACION HOTELERA DEL AMAZONAS S.A.

Victoria Regia Hotel

Please print this credit card authorization form and send it by Fax to: +51 65 23-1983

To secure my reservation I hereby authorize CORPORACION HOTELERA DEL AMAZONAS S.A. to charge my credit card as specified hereunder & copy credit card + copy passport, attached, being charge for accommodation / tours, etc:

Hotel Name:	Victoria Regia Hotel
Room Type:	
Check-In / Out :	
Total amount :	
Type of Card:	
Card Number:	
CVV:	
Expiration Date:	
Card Holder's Name:	
Passport Number:	
Date of Birth:	
Billing Address:	

Card Holder's signature: _____

Please send passport copy and front and back copy of your credit card.