



CREDIT CARD PAYMENT AUTHORIZATION FORM

Hotel Name: Metropolitan by COMO, Miami Beach

Dear Sir/Madam,

Please complete this credit card authorization form and return the completed form to us prior to the guests' arrival. Once received, we will contact you to obtain your full credit card number.

Name of guest _____
(name of person whose account is being paid for)

Date of Arrival _____ Date of Departure _____ Confirmation Number _____

Please complete either Part 1 or Part 2 (to be completed by the credit card holder)

1) I _____ hereby authorize Metropolitan by COMO, Miami Beach to settle all charges for the above named guest to my credit card.

All Charges will include paid outs: YES NO

2) I _____ hereby authorize Metropolitan by COMO, Miami Beach to charge the following amount of _____ for the above named guest to my credit card.

Deposit All Incidentals Gift Certificate Room and Tax
 All Banquet Charges Food & Beverage Others, please specify _____

In the event I booked a room on a special promotion that requires a full non-refundable deposit, I agree to be charged the full room payment including tax and service charge for the entire stay. I agree that the deposit will not be refunded should the reservation be cancelled within the terms and conditions outlined at reservation stage.

Cardholder's name _____
(as on credit card)

Credit card type, please circle: Amex Master Card Visa Cardholder's signature _____

Credit card number (last 4 digits only) _____ Expiration date _____

CC Billing Address _____

_____ Email address _____

Contact number: Country code _____ Area code _____ Tel. Number _____

I understand that Metropolitan by COMO has every right to charge the said amount to my credit card. There will be no refund for merchandise purchased, consumption of meals or other related services unless with approval from the management of Metropolitan by COMO.
By submitting this form and any supporting documents, I confirm that I have read and agreed to the use of my personal information.

Signature _____ Date _____

Please fax completed form to: **+1 305-695-3589**

or email: res.met.mia@comohotels.com