

## Credit Card Authorization Form

guest listed below: Name Arrival Date Departure Date Number of nights  I hereby, agree to be All charges Visa Fee (N Visa Securit Guarantee	:e personally liable  Room on-refundable) by Deposit of DHS for Room Reserva	for the full statement of char n and Tax	rges as specified below: od & Beverage ble upon exiting UAE)	
Please charge the al	pove account to the	following credit card:		
☐ Amex	□ Visa	☐ MasterCard	☐ Diners	
Card Number:		Expiry Date :		
Name that appears	on the card:			
Cardholder's Signa	ture:			
the credit card via	mail or facsimile tion of the Reserv	please forward a copy of the along with a clear passportations Department.  Trevocable.		
Name	:			
Mailing Address	:			
Telephone	:	: Telefax :		
Date			Signature	

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