

**CREDIT CARD AUTHORIZATION FORM**

**CARDHOLDER INFORMATION**

I hereby authorize The Jaffa Hotel to charge my credit with the amount of \_\_\_\_\_ USD

Name of credit card holder /Company/Corporate name (if applicable) \_\_\_\_\_

Credit Card number \_\_\_\_\_

Expiration Date \_\_\_\_\_ CVV No. \_\_\_\_\_

**Guest Information**

Guest Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Arrival Date \_\_\_\_\_ Departure Date \_\_\_\_\_

I understand that should there be any issues with the credit card being used to settle my charges, I will be responsible for all expenses incurred during my stay. Departure date cannot be extended unless a new authorization form is completed

**RATE INFORMATION & APPROVED CHARGES**

Room Rate\* \_\_\_\_\_ Taxes\* \_\_\_\_\_ No of nights \_\_\_\_\_

\*(Rate & tax amount must be provided by a hotel representative in order to complete the form)

\*(Rates do not include Vat Israeli citizens are subject to Vat as per the Israeli law)

Room & Tax     Parking     Other \_\_\_\_\_

I certify that all information is completed and accurate. I hereby authorize The Jaffa Hotel to collect payment for all charges as indicated in the Rate information and approved charges section of this form by processing charge to the credit card. Charges must not exceed USD \_\_\_\_\_ for the entire stay/event. I understand that a new form will have to be completed if guest wishes to extend his / her stay. I certify that I am the authorized signer of the credit card listed above.

**CANCELLATION FEES AS PER RESERVATION POLICY**

Cancellation policy as stated, 50% of room rate is prepaid and non-refundable. If cancelled 45 days or less from day of arrival, 100% cancellation fees will be applied.

Cardholder Name (Printed) \_\_\_\_\_ Date \_\_\_\_\_

Please attach a copy of the credit card holder's Passport/ID and a copy of the credit card itself on both sides.

Please e-mail the completed form to the reservation department at: [honey.assi@thejaffahotel.com](mailto:honey.assi@thejaffahotel.com)