

The Westin Palace, Milan

Piazza della Repubblica 20 20124 Milan, Italy Phone: +39 02 6336 2200 Fax: +39 02 6336 6337

Credit card authorization form

For confidentiality and security purposes, please send us this document and a clearly readable front and back copy of the credit card by FAX to the following fax number: +39 02 6336 6337. If sent by e-mail it will not be delivered to our mailbox.

European countries are obliged by Italian law to provide the VAT identification number or an equivalent number identifying you as a VAT taxable subject in your country, as invoices in Italy must be issued with a VAT number.

	VAT No.			
I (credit card holder name as stated on the credit card)authorize				
The Westin Palace Milan to charge n				
Number		Ex	piry date	
Credit card as guarantee		sts: room with VAT x and all incidentals		uded
City tax	Room & Breakfast, VAT include		Other services, please	specify:
for a total amount of €	N.B. in case of full credit do not specify the amount			
Billing address, full address of credit card holder:		Invoice address, if different from credit card holder's		
Name, as stated on credit card		address:		
		Name		
Address				
CityZip code		City	Zip code	
Country				
Tel				
Fax				
E-mail				
Details of reservation:				
Confirmation No if reservation alre	eady confirmed	Name of guest(s	3)	
Check In				
Signature			Date	
If your Visa or Mastercard has a currency did	fferent from euro, you car	n choose to pay in the cu		mount on
Pleas	se flag: My	currency O	EUR O	
Please be aware that if your credit card supp we will proceed in your home billing currency (inclu		mpetitive exchange rate	offered by Global Blue based on SEB who	



















