

Assumption of costs

Send via fax 0049 (0) 711 71 97 09 or e-mail: info@hotel-moehringerhof.de
(Please send us a copy of the front and back of the credit card with the authorization.)

Your details (company, ...)

Company: _____

Contact: _____

Address: _____

Postcode / City: _____

Telephone: _____ Fax: _____

E-Mail (for sending the invoice): _____

Booking details:

Name of the guest: _____

Arrival: _____ Departure: _____

Assumption of costs is valid for

- Room only Room incl. Breakfast parking in the garage
 wifi minibar Beverages ALL costs
 others: _____

Credit card details:

Credit card: VISA MASTERCARD

Credit card holder: _____

Credit card number: _____ / _____ / _____ / _____ Expiration Date: ____ / ____

I, _____, authorize to charge my credit card above for agreed upon purchases.

date

Signature credit card holder