

	<p style="text-align: center;">HOTEL INTERCONTINENTAL CARTAGENA DE INDIAS          SIX CONTINENTS HOTELS DE COLOMBIA S.A.          NIT 830500729-7          Cra. 1 #5-01 Bocagrande          Cartagena de Indias</p>
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**BUSINESS: PAYMENT AUTHORIZATION BY CREDIT CARD.**

Mr. (Mrs. ): \_\_\_\_\_

We are forwarding the authorization format charges on credit card, this must be delivered fully completed and attached to the documents required.

Date: \_\_\_\_\_

I authorize my credit card to be charged by the amount of: \_\_\_\_\_

By concept: \_\_\_\_\_  
 \_\_\_\_\_

Name of cardholder: \_\_\_\_\_

Card No.: \_\_\_\_\_ Expires: \_\_\_\_\_

Security Code (Three last digits locate at the back of card): \_\_\_\_\_

If you card is an American Express International, please fill in 4 last digits \_\_\_\_\_

Bank to which card belongs: \_\_\_\_\_

No. Shares \_\_\_\_\_ CEL. \_\_\_\_\_ Fax \_\_\_\_\_ E Mail \_\_\_\_\_

Country: \_\_\_\_\_ City: \_\_\_\_\_

Signature: \_\_\_\_\_ Name: \_\_\_\_\_

ID No. Or Passport No. \_\_\_\_\_ From: \_\_\_\_\_

**IMPORTANT:** Please attach a photocopy of Passport or ID. If the following requirements are no met authorization will not be granted.

**TO BE DELIVERED BY THE HOTEL**

AUTHORIZATION No. _____ OPERA TOR No. _____ DATE : _____
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