



CREDIT CARD AUTHORIZATION FORM

**FOR CONFIDENTIALITY AND SECURITY PURPOSES, THIS DOCUMENT MAY ONLY BE SENT BY FAX
AT THE FOLLOWING NUMBER: +213 (0)21 37 66 33**

Name: _____ Email: _____

Company: _____

Phone: _____ Fax: _____

Address: _____

I authorize Sheraton Club des Pins to debit my credit card:

For Reservation number _____

Guest(s) name _____

Company name _____

Number of rooms: _____

Arrival date: _____ Departure date: _____

Card n°: _____ Expiration: _____ / _____

Visa MasterCard American Express

Card Holder name (as stated on the credit card): _____

The amount of _____ covering the below **selected charges to be applied during the stay**

- | | | | |
|---|--------------------------------------|----------------------------------|-----------------------------------|
| <input type="checkbox"/> Room accommodation and taxes | <input type="checkbox"/> Breakfast | <input type="checkbox"/> Lunch | <input type="checkbox"/> Diner |
| <input type="checkbox"/> Minibar | <input type="checkbox"/> Telephone | <input type="checkbox"/> Laundry | <input type="checkbox"/> Internet |
| <input type="checkbox"/> Airport Pick up | <input type="checkbox"/> All charges | | |

Card Holder's signature:

Company's Stamp (if applicable):



Sheraton Club des Pins
B.P. 62 Club des Pins
Staoueli, Alger 16101
Algerie

T-213021377777
f- 213021377700

Sheraton.com/clubdespins

Date: _____

Le Sheraton Club des Pins est géré au titre
d'un mandat de gestion par Sheraton Overseas
Management Corporation pour le compte de la SPA
Société d'Investissement Hôtelière
B.P.64 Club des Pins Staoueli, Alger, Algérie

With his/her signature hereon, the credit card holder declares his/her agreement that his/her credit card will be charged for the above services.