



**Sheraton®**

AMSTERDAM AIRPORT  
HOTEL & CONFERENCE CENTER

For confidentiality and security purposes, this document may only be sent by fax to the following fax number: +31 (0) 20 316 4399

Dear sir / madam,

By signing this form, I, \_\_\_\_\_ (credit card holder's full name as stated on the credit card), agree that the Sheraton Amsterdam Airport Hotel & Conference Center, is permitted to charge my credit card for the following:

- Room + VAT + City tax only
- Room + VAT + City tax + Breakfast
- All charges
- Other (please specify) \_\_\_\_\_

I understand that the room rate per night is € \_\_\_\_\_ + 6.05% city tax

Guest name(s)	Confirmation No	Arrival date	Departure date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**My credit card details are as follows:**

CC type: \_\_\_\_\_ CC issuer / Name of the bank : \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Expiry date: \_\_\_\_\_

**Billing address (Full address of the cardholder):**

Name (as shown on credit card): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Tel. No. \_\_\_\_\_ E-mail: \_\_\_\_\_

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