



Hotel Alexandre III
15 Bd. Alexandre III
06400 Cannes, France
Hotel-Alexandre3.com

CREDIT CARD AUTHORIZATION FORM

I authorize Hotel Alexandre III to charge the credit card noted below and I agree with the General Conditions:

Guest's Full Name: _____

Arrival Date: _____ Departure Date: _____

Room: SINGLE DOUBLE QUADRUPLE JUNIOR SUITE MASTER SUITE

Credit Card Number: _____

Expiration Date: _____

CVV: _____

Cardholder Name (as it appears on the Card) _____

Phone Number (_____) _____

Cardholder's Signature _____ Date _____

Amount to be charged: € _____

Please sign and return this form by email:
info@hotel-alexandre3.com

Thank you