

Through this document I authorize InterContinental Mendoza (KLP Emprendimientos S.A) to debit from my credit card the total of US Dollars**:**

Corresponding to service expenses in the hotel.

**Last & First Name:**

**Passport Nº:**

**Address:**

**Location:**

**Province/State:**

**Phone Nº:**

**E-mail:**

## Credit Card

|  |  |
| --- | --- |
| VISA | MASTER CARD |
| AMERICAN EXPRESS | DINERS CLUB |

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| **Expiration Date:** |  |  |  |

\* Tarjeta American Express – 4 digits

Tarjeta Visa, Master Card y Diners – 3 digits

|  |  |  |  |
| --- | --- | --- | --- |
| Security Code:\* |  |  |  |

**Signature:**

**Date:**

Please complete with press handwriting and send it to the following fax number: (+54) 261 5218800 enclosing a legible photocopy of face and reverse of the credit card.