



Credit Card Authorization Form

Kindly note: For confidentiality and security purposes, this document may only be sent by FAX to the following fax number +972-3-5211156

From: _____

I hereby authorize The Sheraton Tel-Aviv to charge/authorize my credit card

- Visa Amex
- Diners Master Card

Credit Card Number: _____ Valid Until: ____ / ____

The amount of _____ USD / ILS, covering

- Bed and Breakfast All expenses Room Only Guarantee Only (no charge)

For reservation number _____ under the name of _____

Arrival on _____ Departure on _____

Credit Card Owner's Name: _____ I.D. / Passport number _____
As stated on the Credit Card Please include a copy of Passport/ID

Company name:	
Company id/vat number:	
Attention to:	
Address:	
Zip code:	
Contact details: (email, telephone, fax)	



Cardholder's Signature: _____