

## CREDITCARD AUTHORIZATION FORM

Credit card information
<b>Card type:</b> <input type="checkbox"/> VISA <input type="checkbox"/> Mastercard <input type="checkbox"/> America Express <input type="checkbox"/> Other:
<b>Cardholder name</b> (as shown on card):
<b>Card number:</b>
<b>Expiration date</b> (mm/yy):
<b>E-mail address</b> where receipt is to be sent:
<b>Address:</b>
<b>Contact phone number:</b>
<b>Charges to be covered:</b> <input type="checkbox"/> Room <input type="checkbox"/> Dinner <input type="checkbox"/> Other:

By signing this form you authorize Scandic Parken to charge the credit card above for agreed upon purchases.

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

Customer signature: \_\_\_\_\_

**Scandic Parken**  
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**Scandic**  
PARKEN