

# CREDIT CARD AUTHORIZATION

(PLEASE ATTACH TO THIS FORM A COPY OF THE FRONT AND BACK OF YOUR  
SIGNED CREDIT CARD)

The law of the Federal Republic of Germany shall apply. The place of jurisdiction is the Lübeck Local Court.

Dear Sir or Madam,  
please complete, sign and return this form in block letters to the fax number: +49 (0) 4503 601 420 or  
to [info@seeschloesschen.de](mailto:info@seeschloesschen.de).

## Credit card owner

Name (as it appears on the credit card): \_\_\_\_\_

Type of credit card:    Visa            MasterCard

Credit card number: \_\_\_\_\_

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

Card Validation Code (CVC number): \_\_\_\_\_

Credit card type:

Personal credit card

Company card, company name: \_\_\_\_\_

## Address (postal address for sending the voucher):

Name: \_\_\_\_\_

Street: \_\_\_\_\_

Zip Code / City: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Name of the recipient: \_\_\_\_\_

## The following costs will be covered:

Gift Card (Please enter the corresponding voucher value): \_\_\_\_\_

I certify that all of the above information is complete and correct and that I am the authorized signatory for this credit card. With my signature I authorize Grand Hotel Seeschlösschen GmbH & Co. KG to charge my credit card as indicated above.

Signature of the credit card owner: \_\_\_\_\_ Place / Date: \_\_\_\_\_