

Dear Sir/Madam

This form has been created in order to allow you to have third party expenses charged to your credit card. Please provide all the information requested below to ensure prompt processing of your application. We ask you to please sign and date the form before submission. Please fax the completed form to Marriott Amsterdam Hotel fax no + **31 20 607 5603**. In case you do not have an access to a fax machine please email the completed form in an **encrypted** file using WINZIP file or similar and send it to **cc.amsterdam@marriott.com**. The encryption password should be sent in a **separate** mail to the same e-mail address.

Cardholder Information

Name as it appears on the credit card: _____

Card type: Visa MC Amex Diners/CB Discover JCB

Account type: Individual (personal credit card)
 Corporate | Company Name: _____

Account number: _____ Exp. date: _____

Address: _____
(where statement is mailed)

City, State and Zip: _____

Phone number: _____ Fax or alternate number: _____

Guest Information

Guest name: _____

Company: _____

Phone number: _____ Fax or alternate number: _____

Confirmation number: _____

Arrival date: _____ Departure date: _____

Relation to cardholder: Relative Friend Business Associate Other: _____

Rate Information and Approved Charges

Room rate:* _____ Taxes:* _____ Total daily rate:* _____ Number of nights: _____

*(Rate and tax amount must be provided by a hotel representative in order to complete this form)

All Charges Room & Tax Telephone (LD) Telephone (Local) Restaurant

Room Service Valet (Laundry) Parking HS Internet Access Movies

Other: _____

I certify that all information is complete and accurate. I hereby authorize the Amsterdam Marriott Hotel to collect payment for all charges as indicated in the Rate Information and Approved Charges section of this form by processing a charge to the credit card listed above. Charges must not exceed _____ for the entire stay/event. I understand that a new form will have to be completed if guest wishes to extend his/her stay. I certify that I am the authorized signer of the credit card listed above.

Cardholder name: (Printed) _____

Cardholder signature: _____ Date: _____

Privacy: We respect the privacy of all personal information that you provide to us. The information you provide on this form will be used only to allow us to properly process payments you have authorized. This information will be maintained at the property as well as in our centralized computer systems in the United States. If you should have any privacy related questions or concerns please contact the hotel or send an email to privacy@marriott.com.

IMPORTANT NOTICE: THE INFORMATION CONTAINED IN THIS TRANSMISSION IS CONFIDENTIAL AND IS INTENDED SOLELY FOR THE USE OF THE RECIPIENT IDENTIFIED ABOVE. If you are not the intended recipient, you are hereby notified that any reading, dissemination, distribution or copying of this transmission is strictly prohibited. The sender has not waived any applicable privilege by sending the accompanying transmission. If you have received this transmission in error, please notify the sender immediately by telephone call (collect), and return this transmission in its entirety by mail. All postage charges will be reimbursed.