



AUTHORIZATION TO DEBIT CREDIT CARD

To : **ES SAADI MARRAKECH RESORTS**

Payment accepted

Tel : +212 (0) 524 33 74 00
Fax : +212 (0) 524 44 76 44
www.essaadi.com



The undersigned (card holder) :

Name (If company card) :

Address:

City: Area Code :

Phone : Fax : E-mail.....

Authorize ES SAADI MARRAKECH RESORTS to debit the amount:

MAD (in numbers) :(in capital letters) :

On credit card:

Card type (we accept Visa, MasterCard and American express) :

.....

Card number :

Code ID (for visa and master card last 03 digits in the field to the signature on the back of the card- for American Express the 04 digits code on the face of the card above the end of card number. For American express users a credit card copy face and back and ID or passport copy are required) :

..... Expiration date:

Cancelation/No Show:

THE TOTAL AMOUNT WILL BE CHARGED ONCE THE BOOKING IS CONFIRMED. THAT AMOUNT WON'T BE REFUNDED IN CASE OF CANCELATION OR NO SHOW.

Read and approved

On :

Signature :