

**CREDIT CARD CHARGE
AUTHORIZATION FORM**

Giardino Tropicale
Aptdo.18-50206 NOSARA
Tel: (506) 2682-4000 Fax: 2682-0353

Date:

Date of check in:
Date of check out:
Room:

Mr. or Mrs.....

Name (as listed on credit card):, hereby authorize

Las Cuatro Cucharas de Nosara limitada.

to charge my credit card No: _____ Exp. Date: _____
(please indicate type of card)

In the amount of \$

Bank Code _____
appears on back of card, right of signature box

I understand that Giardino Tropicale will hold 50% of the total cost of my reservation with this credit card authorization 21 days prior to my arrival. In case of *no show* or cancellation 21 days or fewer prior to my arrival, I agree to pay the entire reservation amount. If I must cancel my reservation, I understand that I must make this request in writing to the management.

The exchange rate of the dollar fluctuates against the Costa Rican colon. Because I will be charged in colones if I choose to use this credit card for payment, I understand that Giardino Tropicale's policy is to guarantee the exchange rate at the time of reservation provided that the value change is less than a 3% shift.

I have read and accept the conditions of the reservation and I agree to pay the amount here authorized, even though I have not signed the original charge note or voucher. Upon arrival, the credit card hold will be released and I may choose another form of payment.

Signature _____