

## PAYMENT DECLARATION

Group / Company:					
Date:					
Reservation number:					
Guarantee your rese By signing the contract Scandic Hamburg Emp credit card. All beyond credit card. Since we a case of an open amou this stay.	t we will authori porio, to charge/ booked or not til re not allowed to	ze the Scandio authorize the mely cancelled send invoices	c Hotels German contracted servi services will also abroad, we will	ices to the o be charge also charge	below mentioned d to the following the credit card in
In case it is not a consistence of the cardholder of the cardholde	d to be charged.	Unfortunately	we are unable t	to accept for	orms filled out on
Please make sure that	your credit card	is covered acc	ording to the tota	al costs.	
However, you will rece	ive a prepaymen	t request whic	h is to be paid ur	ntil 28 days	prior to arrival.
Credit card number:					
Expiry date:					
Card holder:					
Invoice address:					
Company name:					
Contact person:					
Street:					
ZIP + City:					
Signature		Date			
Please send us the fille	d out document	via fax (+49 4	0 4321 87 499).		