Credit Card Authorization Form

Kindly note: For confidentiality and security purposes, this document may only be sent by FAX to the following fax number +972-3-5211156

From:_____

I hereby authorize The Sheraton Tel-Aviv to charge/authorize my credit card

☐ Visa ☐ Amex
☐ Diners ☐ Master Card

Credit Card Number: _____ Valid Until: _____ / _____

The amount of _____ USD / ILS, covering

☐ Bed and Breakfast ☐ All expenses ☐ Room Only ☐ Guarantee Only (no charge)

For reservation number _____ under the name of _____

Arrival on _____ Departure on _____

Credit Card Owner's Name: _____ I.D. / Passport number _____
As stated on the Credit Card *Please include a copy of Passport/ID*

Billing address

Telephone number:_____

Fax number: _____

Email address: _____

Cardholder's Signature: _____

Sheraton®

SHERATON TEL AVIV
115 Hayarkon St.
Tel Aviv, Israel, 6357303
T 972 3 5211111
F 972 3 5233322
www.sheratontelaviv.com