

## Hotel MiCaSa Credit Card Reservation Authorization Form

Reservation Passenger Name: \_\_\_\_\_

E-MAIL : \_\_\_\_\_

Nationality: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (O) \_\_\_\_\_ Mobile: \_\_\_\_\_

Address: \_\_\_\_\_

Issuing Bank: \_\_\_\_\_

Card Type:  VISA  MasterCard  JCB

Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (16code)

Expiry Date : \_\_\_\_ / \_\_\_\_ (M/Y)

Room Type: \_\_\_\_\_ Please check the following options \_\_\_\_\_

Standard Single Room \_\_\_\_\_ Rooms  Family Suite \_\_\_\_\_ Rooms

Standard Double Room \_\_\_\_\_ Rooms

Standard Twin Room \_\_\_\_\_ Rooms  View Double Room \_\_\_\_\_ Rooms

VIP Double Room \_\_\_\_\_ Rooms  Japanese Style Triple Room \_\_\_\_\_ Rooms

Remarks: \_\_\_\_\_

Check in: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (M/D/Y)

Check out: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (M/D/Y) Total nights \_\_\_\_\_

Total NT \$ \_\_\_\_\_  Deposit( 30% of Total) NT \$ \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_ (Signature must correspond to that on card)

※Please fill out and fax 04-22228350

※E-Mail to: [hotelmicasa149@gmail.com](mailto:hotelmicasa149@gmail.com)