



REYKJAVÍK
LIGHTS HOTEL

Credit Card Authorization Form

Name on card: _____

Type of card: _____

Account number: _____

Expiration date: _____

Security code: _____

Billing address: _____

City, Country, Postcode: _____

Phone number: _____

Reservation number: _____

Reservation name: _____

Amount to charge: _____

By signing this form, you authorize Reykjavik Lights to charge your card for the amount listed above.

Signed: _____ Date: _____



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