

**CREDIT CARD AUTHORISATION FORM**

I, \_\_\_\_\_, authorize

HOTEL REGENCY, CHISINAU, FC 1009600036508, to charge my credit card in  
the amount of \_\_\_\_\_, \* EUR USD MDL

Currency/Sum: \*

CARDHOLDER NAME: \*

CARDHOLDER EMAIL: \*

CARDHOLDER ADDRESS: \*

ZIP CODE \*

CREDIT CARD TYPE:    MASTERCARD    VISA CARD

CREDIT CARD NO:            /            /            /            \*

EXPIRE DATE            \*

CVV (CVC) CODE:            \*

The payment will be done for the guest(-s): \*

Please attach:

1. Copy of ID or Passport

SIGNATURE:\*

DATE:

\* ALL FIELDS ARE OBLIGATORY! Not filling a field will result in rejecting the form!  
DEAR GUEST! PLEASE FILL FORM IN FULL AND SEND BACK TO US AT: [booking@regency.md](mailto:booking@regency.md)

PLEASE NOTE THAT WE HAVE ALL THESE DATA SECURED AND AFTER PROCESSING  
THE AUTHORISATION LINK, WE DON'T KEEP A COPY OF THIS DOCUMENT!

