



CREDIT CARD AUTHORIZATION FORM

I, _____ hereby authorize
Grand Solutions e.K. to charge my credit card for the agreed services.

Type of Card Visa MasterCard

Credit Card Number: _____

Expiration Date: _____

Name of Cardholder: _____

Credit Card billing address: _____

Total amount to be charged: _____ (€) EURO

Authorized Signature of Cardholder _____ Date: _____

Please also enclose a copy of the front and back side of your credit card as well as copy of valid
Passport or ID-card with photo and fax the signed Authorization Form to +49 89 999 64009 or email
to info@grand-solutions.de

If you have any further questions, please do not hesitate to contact us as follows:

Phone: + 49 176 100 39864
Fax: +49 89 999 64009.
E-Mail: info@grand-solutions.de

Best regards,

Your Reservation Department