



***HOTEL DEI MELLINI
QUICK CHECK OUT AUTHORIZATION FORM***

I hereby authorize the Hotel dei Mellini to charge my credit card on file, the room cost, taxes and all eventual extras.

Credit card_Nr. _____

Exp. Date _____

Guest Name: _____

Check in/ Check out date: _____

E mail address for billing (in Capital): _____

Guest signature

VIA MUZIO CLEMENTI 81 00193 ROMA
TEL. +39-06324771 FAX +39-0632477801
E-MAIL: info@hotelmellini.com
www.hotelmellini.com