



**INTERCONTINENTAL®**  
LISBON

**THIRD PARTY BILLING FORM**

At my request, I hereby authorize Intercontinental Lisbon Hotel to charge the following to my credit card:

**Amount:** \_\_\_\_\_

**Guest/Group Name:** \_\_\_\_\_

**Arrival Date:** \_\_\_\_\_

**Departure Date:** \_\_\_\_\_

**In order for us to process and authorize this request, we require the following information to be completed below, as well as a photocopy of the front and back of the credit card to be charged:**

**Credit Card Number:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_

**Cardholder's Name:** \_\_\_\_\_

**Cardholder's Signature:** \_\_\_\_\_

**CVV Code:** \_\_\_\_\_

Please provide your company's name, address and telephone number, if not indicated on your cover sheet.

