

Attention! A both-sided copy of your credit card should be attached to this form.

Sheraton Palace Hotel Moscow
VISA SUPPORT REQUEST

To : Reservation Department

Hotel fax : +7 495 931 97 04/08

TRAVEL & PASSPORT DETAILS	
Arrival date _____	Departure date _____
Reservation number _____	
Mr <input type="checkbox"/> Mrs <input type="checkbox"/>	First Name _____
Last Name _____	
Date of birth _____	Citizenship _____
Passport number _____	
Expiry date _____	

To receive the visa support documents please provide us with your credit card information. Please note, that the service is free for all guests, however the handling fee in the amount of 6000 Russian Rubles per person will be charged automatically in case of cancellation or non-arrival.

CREDIT CARD AUTHORIZATION & ACKNOWLEDGEMENT
Confidential / For Internal Use Only
I hereby agree and authorize the Sheraton Palace Hotel Moscow (the Hotel) to charge my credit card below for the amount of 6000 Russian Rubles as a handling free, in the event of my no-show or reservation cancellation after receiving visa support documents from the Hotel. I also authorize the Hotel to consider my credit card below as reservation guarantee in case of late cancellation or no-show.
I understand and agree that the statement "accommodation is fully paid", which might occur in visa support documentation, does not represent prepayment and the actual payment for accommodation will be done at the Hotel directly.
I understand and agree that the Hotel can provide me with visa support documents for one-entry tourist visa valid only for the period of my stay at this hotel. I also understand that, while in Russia, I can not extend the validity of my visa for extra days, and that I bear full legal and financial responsibility, should I stay on the Russian territory after the expiry date of my visa.
CREDIT CARD DETAILS:
Credit Card Number _____
Expiration Date _____
Cardholder's Name _____
Please fax the copy of both sides of the credit card with clear cardholder's name and cardholder's signature along with this form.
I understand that the charge is not refundable, in case of non-arrival or cancellation.
Cardholder's Signature _____

PLEASE ADVISE US YOUR FAX NUMBER _____