

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

Sretenskaya Hotel Moscow

**VISA SUPPORT REQUEST**

**To: Reservation Department**

**Hotel fax: +7 495 933-5545**

**TRAVEL & PASSPORT DETAILS**

Arrival date \_\_\_\_\_ Departure date \_\_\_\_\_  
Reservation number \_\_\_\_\_  
Mr. ☐ Mrs. ☐ 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 3,000 Russian Rubles per person will be charged automatically in case of non-arrival or cancellation or change the dates of reservation.**

**CREDIT CARD AUTHORIZATION & ACKNOWLEDGMENT**

Confidential / for Internal Use Only

I hereby agree and authorize the Sretenskaya hotel (the Hotel) to charge my credit card below for the amount of 3,000 Russian Rubles as a handling fee, in the event of my no-show or reservation cancellation or change the dates of reservation after receiving visa support documents from Hotel. I also authorize the Hotel to consider my credit card below as reservation guarantee in case of late cancellation or no-show or change the dates of reservation.

I understand and agree that 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 or change the dates of reservation.

Cardholder's Signature \_\_\_\_\_

**PLEASE ADVISE US YOUR FAX NUMBER** \_\_\_\_\_

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