

**ROYAL PALM CLUB**  
J. E. IRAUSQUIN BLVD 79  
NOORD, ARUBA  
TEL: 011-297-526-3900  
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# **CREDIT CARD AUTHORIZATION FORM**

With this letter, I authorize **A.H.E. Holding NV** to charge my credit card on behalf of the Royal Palm Club at the Riu Palace Aruba in the amount of \$\_\_\_\_\_ related to my membership.

Member Name: \_\_\_\_\_

RPC Contract Number (four digit #): \_\_\_\_\_

Credit Card Type (circle one) AMEX - VISA - MASTER CARD - DISCOVER

Card Number: \_\_\_\_\_

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

Credit card code: \_\_\_\_\_

(Amex 4 digit code on front of card Visa-Master-Discover: 3 digits back of the card)

Card Holder Name (if different from member name): \_\_\_\_\_

Signature of Cardholder: \_\_\_\_\_

Paying for: \_\_\_\_\_

Member Email: \_\_\_\_\_

Member Phone Number: \_\_\_\_\_

### **How calculate your payment by Credit Card?**

Balance Due		Administration fee*		Total to be authorized
<input type="text"/>	+	<input type="text" value="\$ 25"/>	=	<input type="text"/>

\*Administration fee is charged for each credit card transaction without any exception

**SEND TO FAX NUMBER: 011-297-526-3995  
or EMAIL ts.aru@riu.com**