

ROYAL PALM CLUB

J. E. IRAUSQUIN BLVD 79
NOORD, ARUBA
TEL: 011-297-526-3900 FAX: 011-297-526-3995
EMAIL: ts.aru@riu.com

CREDIT CARD AUTHORIZATION FORM

With this letter, I authorize **Silver Moon Hotel & Casino** 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 digit 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**