

## ACCOUNT CROSS-CHECK FORMAT

Panamá, on the \_\_\_\_\_ day of the year 20 ( )

To:  
Hoteles Decameron S.R.L.

I, \_\_\_\_\_, identified with ID number \_\_\_\_\_,  
confirm that I am the cardholder and/or the holder of reservation number \_\_\_\_\_.  
By means of this letter, I authorize HOTELES DECAMERON, S.R.L. to carry out the account transfer, applying the payments  
made in favor of reservation No. \_\_\_\_\_ to be credited to reservation No. \_\_\_\_\_ under the name  
of \_\_\_\_\_.

Additionally, in order to maintain contact with you, I hereby provide:

Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Sincerely,

\_\_\_\_\_  
Signature and name of the Reservation Holder  
ID No.

### 1.Versión Control

Versión	Description	Prepared by (Name - Position - Date)	Reviewed by (Name - Position - Date)	Approved by (Name - Position - Date)
1	Initial Version	Elvis Salazar Process Analyst 09/09/2024	Monica Segura Functional Coordinator of Commercial Operations 09/09/2024	Lina Palma Head of Corporate Customer Service and Back Office 09/09/2024