

CREDIT CARD AUTHORIZATION FORM for "06-09 APRIL WCNC 2014"

I declare that the hotel expenses of the person whose name stated below can be charged to my credit card with the following information;

Name of Credit Card Owner :		Expire date	:
Number of credit card :		Security number	:
Amount :			
Type of Credit card:			
☐ Visa ☐ Mastercard			
Diners American Expi	ress		
Name of the guest :			
ROOM RATES Single Room: 140Euro Double Room: 155Euro			
**The rates are included breakfast	and tax.		
This Credit Card can be used for Full expenses, Room & Breakfast, Extra expenses, Other (Please define)	the expenses below, of	_	
CANCELATION POLICY			
 Cancellations can be made unt Any cancellation between 28th Any cancellation after 08th Ma In case of no show or early dep 	February 2014 and 07 th 1 rch 2014, 2 nights room	March 2014, 1 nigl rate will be charge	
Owner of the credit card (Signature)			
Date:			

Please send a copy of your proper ID and also a copy of credit card with the mail order form to the fax number +90-212-313-33-33