

MALIA STUDIOS HOTEL APARTMENTS

Credit Card Authorization

Please fill in the details below and return them to us by fax on

FAX TO:

+30 2810 213378

INFORMATION REQUIRED (PLEASE USE ONLY LATIN AND CAPITAL LETTERS)

GUEST NAME *	
ARRIVAL DATE (DD/MM/YY)	
DEPARTURE DATE (DD/MM/YY)	
FLIGHT DETAILS (IF AVAILABLE)	
NUMBER OF PERSONS*	
APARTMENT*	<input type="checkbox"/> STUDIO 2 PERS <input type="checkbox"/> APARTMENT 2-3 PERS <input type="checkbox"/> APARTMENT 4 PERS <input type="checkbox"/> MAISONETTE 2-STORIED 3-4 PERS
BOOKING PREPAYMENT (DEPOSIT)	€ _____, _____

*=REQUIRED FIELDS

I authorize Malia Studios to charge the sum of : € _____

To Credit Card Number : _____

Expiry Date: _____ Valid From Date: _____

Security Code: _____ (can be found on signature strip)

Name that appears on Credit Card: _____

AUTHORIZATION

Signature: _____

Print Name: _____

Date: _____