

AUTHORISATION FORM

FROM: _____

FAX No. or E-MAIL: _____

DATE: _____

PERSONAL HOME ADDRESS _____

Tel: _____

To: Villa Notos Studios

Ioannis Anestis

E-mail: info@villanotos.gr

Tel: +30 22870 28200 - Mob: +30 6944 804 987 - Fax: +30 22870 22193

Full Name: _____

Type of Credit Card: _____ (Visa or MasterCard)

Card Number: _____

Expiry Date: _____

Check Digits: _____ (The last 3 digits, at the back of your card, upon your signature)

€ Amount: _____

I authorise Ioannis Anestis to charge my credit card with the above amount, as a deposit for the reservation of one _____

(Standard-Junior Suite-Deluxe-Penthouse Apartment)

From the ____/____/____ to the ____/____/____

I m aware, that if I cancel this booking in less than 21 days before the arrival date, this deposit will not be refunded and if I do not show up at the hotel on the arrival date I agree to be charged fully for all accommodation charges.

Your name & signature