HOTEL ☆☆☆
AMYCLAE
Albergo e Ristorante sul mare

CREDIT CARD PAYMENT AUTHORIZATION FORM

Reservation with payment of the DEPOSIT with credit card

Name and first name	Date of birth
State	phone
e-mail	

I, the undersigned, AUTHORIZE

AMYCLAE S.r.l. Via C. Colombo, 451 – 04029 Sperlonga LT - Italy Part. IVA 00945790590
Tel +39 0771 548051 Fax +39 0771 557275

1. To draw from my credit card **€** _____as a deposit for the reservation no _____ arrival __/__/2022 – departure __/__/2022 on behalf of _____.

2. Hold the amount due as penalty in the event of failure of the reservation.

CREDIT CARD DETAILS
(Mastercard, Visa,) number_____ CVV code_____

Expiring date (month/year)_____

Card holder's name _____

AMYCLAE S.a.s. can not be held responsible for credit card details sent by e-mail. Kindly fax back the completed form to + 39 771 557275, enclosing a copy of both side of your credit card and ID card.

Cancellation or change of reservation
Once the reservation has been confirmed, you are entitled to withdraw with penalty charge as shown on the booking form.
The penalty will be charged on the credit card transmitted by you at time of booking.

The informations contained in the communication are confidential and used exclusively for the persons or institutions named above.
It is forbidden to persons other than recipients any use, copy, broadcast its contents both under article 616 c.p. and 675/96 of italian law.

Signature _____