

CRETA SOLARIS HOTEL APARTMENTS

CREDIT CARD AUTHORISATION

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

FAX TO:

+ 30 2897035339

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 *	
BABY COT	YES <input type="checkbox"/> NO <input type="checkbox"/>
APARTMENT *	TYPE A <input type="checkbox"/> TYPE B <input type="checkbox"/> FAMILY <input type="checkbox"/>
BOOKING PREPAYMENT	€ _____,--

*=REQUIRED FIELDS

I authorize CRETA SOLARIS 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: _____