

CHARGE FORM

TO:

Agency name: _____

Agency address: _____

City, ZIP: _____

Phone: + 359-_____ Fax: + 359-_____

E-mail: _____

FROM:

Phone: _____

Fax: _____

E-mail: _____

Credit card: (circle one) Amex Diners MasterCard Visa Euroline -Amex

Card Number: _____

Expiration date: _____ / _____

Cardholder's name: _____

/as printed on the card/

Bank name: _____

Billing Address: _____

City,State,ZIP: _____

Cardholder's signature: _____

Program and Product Information: _____

Payments:

Booking date: _____

Today's date: _____

Advance Deposit due: _____

Balance due: _____

Total price for this reservation (total amount authorized): _____

/the advance deposit plus the balance due/

Special Instructions:

- Describe when the advanced deposit will be charged to the card;
- Describe when the rest amount will be charged to the card;
- Describe when the total authorized amount will be charged to the card);

Reservation, Cancellation and Enrollment Policies:

- Cancellation received by _____ will receive a full refund.
- If the cancellation is received after that time, a refund will be credited minus a _____ cancellation fee.

Or

- _____ will give a full refund if reservation is cancelled by _____ to the reservation, otherwise, the following fees will apply:
 - _____ % of the total authorized amount; or
 - _____ (fixed amount); or
 - Keep the Advance Deposit only; or
 - _____ will charge your card with the full authorized amount;

Or

- The advance deposit is not refundable;

Taxes and fees in case of “No Show”:

- describe if there are any;

Notes and comments:

- In case the cardholder pays for another customer he/she must obligatory point his/her name_

By signing the above mentioned, I accept all payments, cancellation and reservation policies as stated by _____ representative and/or on _____ . I hereby give permission to _____ to charge my credit card to the amounts stated above. I also agree any extra charge, established /in case they arise/, to be charged to my card as well.