

AUTHORISATION FORM TO AEOLIS HOTEL

Fax: 0030 2287021114

Date: _____

From: _____

Fax number: _____

Type of credit card: Visa MasterCard

Cardholder's name: _____

Credit card number: _____

Expiry date: _____

CVV code: _____  The last 3 digits at the back of your credit card

Amount to be charged: _____ €

I authorize Aeolis hotel to charge the above amount from my credit card, as a deposit for the below reservation:

Type of room (s) : _____

Check in: _____

Check out: _____

Total cost: _____

I am aware, that if I cancel this booking in less than 21 days before the arrival date or if I don't show up at the hotel, this deposit will not be refunded.

Your name & signature