HOTEL VILLA GARDEN

Credit card authorization form

Please complete the following form to allow us to process your order accurately:

BILLING INFORMATION:

First Name: Last Name:

Date of birth Place of birth

Address:

City: State: Zip Code:

Phone: Email:

Payments (please tick the appropriate space) :

Visa____ Master Card ____ Bank Americard ____ Maestro ____

CARD HOLDER'S NAME _____ Credit card number :	CVV2 Numbers **Visa & Master card** the three last numbers on the back of your card were the signature is.
Credit card expiry date M M Y Y Total amount. Euro	**Signature**_____