

www.Rossellino.it

Business - Travel Agency

* Fields marked with an asterisk are mandatory

CREDIT CARD AUTHORIZATION FORM

* Fields marked with an asterisk are mandatory

* e-mail:

* Name on Card:

* Payment Methods: American Express

* Credit Card Number:

* Expiration Date:

* Cardholder Phone:

* Signature of Card Holder: _____

* Current Date: 1/6/49465

By submitting this form and any supporting documents, I confirm that I have read and agreed to the use of the personal information I am giving you in accordance with your Global Privacy Policy for Guests, which is available at www.rossellino.it/privacy.htm

Please mail this completed form to:

Hotel e.mail #:

each request is subject to confirmation of the hotel

* Agency:

* Country: italia

* Phone Number:

* e-mail:

* Vat Number

* Billing Address

* Reservation Number:

* arrivo: 1 gennaio

* n. Notti: 1

* n. adulti: 1 * n. bambini: 0

numero camere 1

camere Doppia

trattamento pernottamento e colazione

prenotazione urgente:

note:

orario arrivo: 15:00

Hotel e.mail #:

each request is subject to confirmation of the hotel