

**PSILANDIS
STUDIOS**



AUTHORIZATION FORM

FROM: _____

FAX NO: _____

DATE: _____

FULL NAME: _____

TYPE OF CREDIT CARD: _____ (Visa or MasterCard)

CARD NUMBER: _____

EXPIRE DATE: _____

AMOUNT: _____

I authorize Psilandis Studios (Eirini Malli) to charge my credit card with the above amount, as a deposit for the reservation of one _____

(the type of the room/ how many persons)

From the ____ / ____ / ____ to ____ / ____ / ____ I'm aware, that if I cancel this booking in less than 21 days before the arrival date, this deposit will not be refunded.

Your name & signature