

**DIMITRIS APARTMENTS**  
**Credit Card Authorization**

Please fill in the details below and return them to us by fax on

FAX TO:

**+30 2810 224758**

**INFORMATION REQUIRED (PLEASE USE ONLY LATIN AND CAPITAL LETTERS)**

GUEST NAME *	
ARRIVAL DATE (DD/MM/YY)	
DEPARTURE DATE (DD/MM/YY)	
FLIGHT DETAILS (IF AVAILABLE)	
NUMBER OF PERSONS*	
APARTMENT*	<input type="checkbox"/> STUDIO <input type="checkbox"/> APARTMENT <input type="checkbox"/> MAISONETTE
BOOKING PREPAYMENT (DEPOSIT)	€ _____, _____

\*=REQUIRED FIELDS

I authorize Dimitris Apartments to charge the sum of : € \_\_\_\_\_

To Credit Card Number : \_\_\_\_\_

Expiry Date: \_\_\_\_\_ Valid From Date: \_\_\_\_\_

Security Code: \_\_\_\_\_ (can be found on signature strip)

Name that appears on Credit Card: \_\_\_\_\_

**AUTHORIZATION**

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_