



Credit Card Authorisation

DATE

TO

Bookings department, Stay for Days S.L.

FAX NUMBER

+34-(96)-331-8077

FROM

NUMBER OF PAGES INCLUDING COVER

1

REGARDING

Credit Card Authorisation Form

Please complete the details below in capitals, using black ink.

Please debit my

Visa

Master Card

Maestro

with the sum of € _____

Card valid from / (mm / yyyy)

Card expiry / (mm / yyyy)

Credit Card N°

Security N° (last 3 digits on security strip)

Debit Card N°

Issue N° (debit card only)

Cardholder's name _____

Cardholder's signature _____

Cardholder's phone # _____

Cardholder's address _____