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CREDIT CARD AUTHORIZATION FORM

I _____

Address: _____

Passport number: _____

Authorise the use of my credit card for the amount _____ EUR

Date of arrival: _____

Date of departure: _____

Number of rooms: _____

My credit card details are as follows: (fill with number)

MasterCard _____

Visa card _____

American Express _____

Diners _____

Control number CVV: _____ (3 or 4 digit number/back side)

Expiry date: _____

Cardholder's signature:

Date: _____

By filling out and sending this form you agree with having your information collected and used only for reservation confirmation.

PLEASE SEND FILLED FORM VIA FAX TO +385 1 4843 706

OR E-MAIL info@gardenhotel.hr

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