

HOTEL ONDA VERDE

PRAIANO - A MALFI COAST

TO: Hotel Onda Verde		FROM:
FAX: 089 8131049		FAX:
PHONES: 089 874143		DATE:
Credit C	ard Authorization For	rm - Please write in capital letter
Your Full Name:		Your Name (as on Card):
Card N°		Expiry Date of Card:
Card Holder's Billing Add	ress:	Zip Code:
City or Town	Country	State
E-mail	Telephone	Fax
Airport Pickup Required _ Yes _ NO		Arrival Time
Airline/Flight		Flight Number
N°. of Rooms: _ Standa	rd _ Supe	erior _ Deluxe
Rooms: _ Double	_ Twin	Triple _ Quadrule
_ Half Board	_ Bed & Breakfast	7 Nights Package 5 Nights Package
N° Adult	N° Children	Age children
Arrival Date		Departure Date
Space below for further info	rmation	
by us via fax (by telephone LATE CANCELLATION (a charge of 3 nights only. For DELAYED ARRIVAL there	is NOT accepted) at least after the above mentioned bookings less than 3 nig will be a charge for the re will be charged for the	any change reservation written notice must be received at 14 days prior to arrival date. In case of NO SHOW or d time), for bookings exceeding 3 nights there will be a lights we will charge the actual days booked. In case of the lacking nights as your reservation booking. In case of the days stayed PLUS a cancellation fee of up to three
Date	Signature as on Card	d
Date	Signature of the Hote	tel Onda Verde