



Credit Card Authorization Form

Reservation ID:

Reservation Name:

Cardholders Name:

Billing Address:

Credit Card Type:

Visa

Mastercard

Credit Card Number:

CVV:

Expiration Date:

Contact e-mail:

I hereby authorize Paxos Beach Hotel to charge my credit card the following amount, as a deposit for room reservation

Deposit Amount:

Signature:

Date:

Comments:

Please fax this completed form to: (0030) 26620-32695