



## Sweet Travel Srl

Italian Tour Operator

Ufficio: I – 80077 Ischia Porto (Na) – Via E.Cortese, 25

**Tel.** 081 991275 – 081 992281 - 081 19541101 –

**Fax** 081991829

### The undersigned:

Name: \_\_\_\_\_ Family Name: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_

Tel: \_\_\_\_\_ fax: \_\_\_\_\_

e-mail: \_\_\_\_\_

**authorizes the withdrawal from the Credit Card in the following amount:**

- **TWO NIGHTS PREPAYMENT:**

\* **Miramare Sea Resort 4\***: € 330,00 DSU  , € 460,00 DBL

\* **La Palma & Il Fortino 4\***: € 310,00 DSU

\* **Casa Rosa 3\***: € 230,00 DSU

\* **Loreley 3\***: € 230,00 DSU

**DSU: sea view double single use room in half board**

**DBL: sea view double room shared in half board**

- **FEE:**

\* € 300,00

- **CREDIT CARD DETAILS:**

VISA  MASTERCARD

N. |\_|\_|\_|\_|\_| |\_|\_|\_|\_|\_| |\_|\_|\_|\_|\_| |\_|\_|\_|\_|\_| |\_|\_|\_|\_|\_|

EXPIRING MONTH AND YEAR |\_|\_| / |\_|\_|

CREDIT CARD HOLDER'S NAME (block letters) \_\_\_\_\_

SIGNATURE (readable) \_\_\_\_\_

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