



AUTHORIZATION FORM

I authorize my credit card to be charged for amounteuro by Greek Island Tours.

TRAVELERS INFORMATION:

1) Name: Surname: Age:
2) Name: Surname: Age:
3) Name: Surname: Age:
4) Name: Surname: Age:

CONTACT INFORMATION:

Name: Surname:
Address:
Telephone: E-mail:

BOOKING INFORMATION:

Arrival: Departure:
Services booked (please, specify):.....
.....
.....
.....
.....

CREDIT CARD INFORMATION:

Card number:
Card type: Visa [] Mastercard [] Amex []
CVC: Exp. Date: Month Year
Credit card holder:

Date:..... Signature:.....

GREEK ISLAND TOURS

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