

N.J.V. ATHENS PLAZA

Constitution Square (Syntagma) 105 64 Athens Greece
Tel: 0030 210 3352400 / Fax: 0030 210 3235856 / Sales Dept Fax: 0030 210 3237185
e-mail: reservations@njvathensplaza.gr

Credit Card Payment Authorization Form

Please complete all areas below. Incomplete requests may be rejected.
Kindly sent this form by fax to 0030 210 3235856.

CARDHOLDER – Please complete the following section and sign / date below.

Guest Name: *Martan Or*

Check in: *8.11.19* Check out: *10.11.19*

Cardholder Name as it appears on Credit Card: *Martan Or*

Cardholder Address: *10 Yimniyhu St.*

City: *Ramat Hasharon* Postcode: *4729882* Country: *Israel*

Daytime / Business Telephone: *0522*

Evening Telephone: *972-52-9247983*

Credit card no: *5326-1013-1749-8246* Expiration Date: *01/20*

Credit card type: (circle one)

Visa / Mastercard / American Express / Diner club

Credit card Issuing Bank Name: *Bank Otsar Hayul*

Bank Phone Number (from back of your credit card): *972-3-6364636*

I agree that the hotel may use this credit card for below charges (Please circle)

Room & Accommodation Tax & Breakfast

All charges

By signing below, you authorize the hotel to preauthorize your credit card immediately.

Cardholder Signature:

[Signature]

Date:

27.10.19