

Credit Card Payment Authorization Form

Please complete the details below and return to us as soon as possible to enable us to process this request for you.

CARDHOLDER NAME (As it appears on the card):

PASSPORT NUMBER:

CONTACT PHONE NUMBER:

CREDIT CARD TYPE: i.e. Visa, MasterCard, American Express:

CREDIT CARD NUMBER:

EXPIRATION DATE:

CVV2:

(3 digit number on back of Visa/MC, 4 digits on front of AMEX)

I the undersigned authorizing MEDITERRANEO HOLIDAYS, S.L. the charge to my credit card of the following amount:

TOTAL:

SIGNATURE OF CARDHOLDER:

DATE: