

CREDIT CARD RESERVAION FORM

You must print this form then fill it with all data and send it to the Fax number 050/634017


I confirm my reservation with the payment data you need.

Name and Surmane _____

Deposit's ammount in Euro _____

I authorize **Agriturismo Valliferone** to make use of my credit card,
by the rules of "**TERMS AND CONDITIONS**".

My credit card data are the following:

Kind of card:   

Name of the Owner

Credit card number _____ Expiration date _____

Personal Data Treatment

By the Italian Law n.196 of 30/06/2003, I agree to the use of my
personal data for my reservaton in **Agriturismo Valliferone**

I agree I don't agree

Date _____ Signature _____