

HOTEL BOOKING REQUEST

Further to your request please find the following **availability** confirmed:

(Please note however that **this is NOT a confirmation of booking**; please refer to the proper paragraph for more details)

• NAME :			
• ARRIVAL :		• DEPARTURE :	
• ARRANGEMENT :	ROOM ONLY <input type="checkbox"/> WITH BREAKFAST <input type="checkbox"/>		
• ROOM TYPE	Singles (1 pax)	Twins (2 pax)	Triples (3 pax)
• ECONOMY			
• EXECUTIVE			
• SUPERIOR			

CONFIRMATION OF BOOKINGS :

- Please forward your Credit Card details (as requested below) through **Fax** in order to reconfirm – guarantee your booking.
- Our Fax No: ++30 2108942189
- On receipt of your fax we will forward a confirmation back to you

CANCELLATION POLICY :

- You may cancel the reservation the latest two days prior to arrival, else you will be charged with the full cost of the first night.
Non-Show / Early departure: Full one night cancellation fee.

Credit Card Holder's Name	
Credit Card Number	
CCV Number *	
Expiration Date	
Issued By (Visa, Amexco, Master)	
Amount	Euros

***For VISA / MASTERCARD CARDS.**

CCV number required above is a 3 digit number near the signature position on the back side of the card.

***For AMERICAN EXPRESS CARDS**

CCV number required above is a 4 digit number over the credit card number on the front side of the card.

I the undersigned credit card holder authorise the Sea View Hotel to collect the amount written hereabove , as a deposit for my reservation in the hotel.

Card Holder's Signature_____