



**Dias Travel s.r.l.**

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## Credit Card Authorization Form For AMICAL 2016 Group booking

I, \_\_\_\_\_

\_\_\_\_\_ ,

hereby authorize Dias Travel Srl, to charge the following:

- Room & Taxes
- All Charges
- Only Incidentals
- Other \_\_\_\_\_

Front of the Credit Card

Back of the Credit Card

**Guest Information:**

**Group Reference: AMICAL 2016**

Name on reservation: \_\_\_\_\_

Arrival date: \_\_\_\_\_

Departure date: \_\_\_\_\_

**Credit Card Information:**

Name of the company (if applicable): \_\_\_\_\_

Name of the credit card holder: \_\_\_\_\_

Billing address of the credit card holder:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Credit cardtype: \_\_\_\_\_

Credit card number: \_\_\_\_\_

Exp: \_\_\_\_\_

CSV: \_\_\_\_\_

Phone number of the credit card holder:

\_\_\_\_\_

Amount to be charged: € \_\_\_\_\_

Signature of the credit card holder:

\_\_\_\_\_

**Please complete this form and send to Dias Travel Srl  
(Agency managing hotel booking for AMICAL) by fax 0039  
06 7807214 or email - [info@diastravel.it](mailto:info@diastravel.it)**