



**AUTORISATION  
FOR CREDIT CARD PAYMENT  
Fax: 00212 24 32 80 77**

**I HEREBY CONFIRM THE FOLLOWING STAY :**

Arrival Date :	Time:	Flight Number:
Airport Transfer:	Yes	No

Departure Date:	Time:	Flight Number:
Airport Transfer:	Yes	No

Details	-	nights at	/night (Breakfast included)
	-	Room / Suite	

Name/Surname of people staying at Las Palmeras:  
Children's age, if any:

.....  
.....  
.....

**BANK DETAILS:**

I Hereby

Born \_\_\_\_ / \_\_\_\_ / \_\_\_\_ In

**Owner of credit card type:**

For the AMEX cards, it is necessary to join a recto-verso copy of the card.

Credit card number :

Expiry Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

3 Last numbers (back of the card above the signature)

Autorize « Las Palmeras » to debit my credit card of an amount of:

Date :

Signature :