

AUTHORIZATION FORM

I, the undersigned, _____
(Cardholder's name)

(Address of the cardholder)

AUTHORIZE

PLEASE SUBMIT THE FULFILLED CREDIT CARD AUTHORIZATION FORM
PERSONALLY SIGNED BY THE CARDHOLDER **BY FAX ONLY** to:

VALEO TRAVEL LTD.
Bulgaria, Sofia
11, Nikolay Liliev Str.
Tel. /fax: + 359 2 963 09 09
www.valeotravel.net, office@valeotravel.net
Tour Operator's registration number 05620

To charge to my credit card (indicated hereunder) the amount in EUR/USD/BGN _____

(Amount written in words - _____
_____ EUR/ USD/BGN)

As payment for:

Dates: arr. _____ dep. _____ Destination: _____

Hotel name: _____ arr. _____ dep. _____

Reservation confirmation N^o _____ / _____

Other services: _____

Reservation confirmation N^o _____

CREDIT CARD TYPE (check one): VISA MASTERCARD DINERS CLUB

CARD NUMBER: _____ Expiration date: _____

Security number (CVV2/CVC2): _____
(The last 3 digits of the code written in italics on the back of the card)

Credit Card Issued by: _____
(Name of issuing bank institution)

I am using my credit card according to the agreement I have with the credit card company

SIGNATURE: _____
Signature of Card Holder (Personal Signature by Hand)

Cancellation policy:

Till 15 days prior to arrival – no penalties.

14-7 days prior to arrival – cancellation penalty will be charged in the amount of the first overnight.

7-3 days prior to arrival - cancellation penalty will be charged in the amount of the 50% of the reservation.

Less than 3 days prior to arrival - cancellation penalty will be charged in the amount of the 100% of the reservations.