



CREDIT CARD CHARGE AUTHORIZATION FORM

Date of Signature: _____

I authorize the **Ferman Konak Hotel (HBG GAYR. TUR. OTEL ISL. A.S.)** to use my own credit card which is detailed below, for my reservation with the details below.. If any charge back or dispute arises from my charge, I will be fully responsible for the payment and will hold **Ferman Konak Hotel** harmless from any amount that is charged back or disputed. All charge backs or disputed amounts must be paid back to **Ferman Konak Hotel** promptly. This letter will also waive and indemnify **Ferman Konak Hotel** from any harm or occurrence from the above referenced charge back. Also I accept to pay full nights of charge on BB basis in case of non arrival or cancellation.

CREDIT CARD#: NUMBER _____

EXP DATE: _____ CVV2 (security number) _____

CVV2 *(The last 3 digits at the back of the card)

****Please attach a copy of the front and back of your credit card and a picture identification card (this is for your own protection).****

Print Cardholder Name Surname

Address of
Cardholder: _____

City: _____ State: _____ Country _____ Zip Code: _____

Arrival Date: _____ Departure Date : _____

Total cost to be charged in Euro

(Signature appears on credit card)

Note:Final documents will not be released unless Ferman Konak Hotel receives all signed Credit Card Authorization Forms. NO EXCEPTIONS WILL BE MADE.