



CREDIT CARD CHARGE AUTHORIZATION FORM

Date of Signature: _____

I authorize the **Ferman Port Hotel** (KHB TUR.OTEL VE REST.ISL.HIZ.TIC.LTD.STI.) 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 Port Hotel** harmless from any amount that is charged back or disputed. All charge backs or disputed amounts must be paid back to **Ferman Port Hotel** promptly. This letter will also waive and indemnify **Ferman Port 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 Port Hotel receives all signed Credit Card Authorization Forms. NO EXCEPTIONS WILL BE MADE.