Booking form – credit card

By submitting this form, I hereby confirm that I have read and agree to the booking terms and conditions at Hotel Rosignano, for my stay from ___/___/_____ to ___/___/_____

deposit € _____,___

I hereby authorize ‘’Hotel Rosignano sas’’ to debit the above amount to the following credit card according to what is stated under **Terms and Conditions**

Name on Card _____

Card type ☐ VISA ☐ MasterCard

Card n. | | | | | | | | | | | | | | | | Expiry date | | | | | | |

date, ___/___/_____

Signature

Via Aurelia - n° 525 - Rosignano Solvay - Comune di Rosignano Marittimo (LI)

TEL. 0586 767813 FAX 0586 768007 www.hotel-rosignano.com info@hotel-rosignano.com