

**Credit Card Authorization form**

PRINT AND COMPLETE THIS AUTHORIZATION AND RETURN

All information will remain confidential

**CARD HOLDER INFORMATION:**

Name on Credit Card -----

Billing Address-----

City-----State-----Zip-----

Phone-----Fax-----

Email Address-----

**CREDIT CARD INFORMATION:**

Credit Card Type: VISA  MASTERCARD  AMEX  DISCOVER

Credit Card Number: -----

Expiration Date: -----

Card Identification Number :----- ( the last 3 digits located on the back of the card)

Bank of the Credit Card: -----

**PAYMENT AUTHORIZATION:**

I -----authorize MARYANIS TRAVEL AND CRUISE (MARYANIS P.C - GREECE) to process a charge against my credit card in the amount of €-----for the payment of -----

**PRINT NAME AS IT APPEARS ON THE CREDIT CARD-----**  
-----

**SIGNATURE:**

**DATE:**

Information – Please read:  
I authorize MARYANIS TRAVEL AND CRUISE (MARYANIS P.C - GREECE) to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.  
PLEASE RETURN THE COMPLETED AND SIGNED FORM TO THE FOLLOWING:  
MARYANIS TRAVEL AND CRUISE (MARYANIS P.C)  
FAX: 0030-2130355114  
EMAIL: anis@maryanis.com