

Patmos Paradise Booking Form

Kindly print this form, complete each section sign it and fax it to us, **Fax: +30 22470 -32740**

Booking name: _____
(The person who signs this form and owns the credit card)

Street: _____, Zip code: _____

City: _____, Country: _____

Tel.: _____, Fax: _____

E-mail: _____

Names of Party (please give ages of children)

_____, _____
_____, _____

I would like to book the following Room Type and number of rooms :

__ Single(s) , __ Double direct sea-view/pool view , __ Double direct sea-view ,
__ Double sea-view , __ Double partial sea-view , __ Double side sea-view ,
__ Double without sea-view , __ Triple Sea-view/pool view , __ Triple sea-view
__ Triple partial sea-view , __ Triple without sea-view , Junior Suite (max 2 persons) ,
Family Suite (max 4 persons)

Arrival : _____ (Day), _____ (Month), _____ (Year)

Departure : _____ (Day), _____ (Month), _____ (Year)

This form is only for credit card payment

Credit card: Visa , MasterCard/Eurocard

Credit card Number: _____

Expiration date : _____

Last three digits of your back number of your credit card (cvc number): _____

Price /day: _____ € Total days: _____

The **50%** of the total amount to be charged on my Credit Card in Euro _____

Please write the amount in full words _____

I have read, understood and agree to **Hotel Cancellation and No Show Policy**, which are stated at
<http://www.patmosparadise.com/CancellationandnoshowpolicyH.pdf>

Signature : _____, Date : _____