



HOME IN ITALY

Villas Castles Apartments Historical Residences

CREDIT CARD AUTHORIZATION

FIRST NAME _____	SURNAME _____
ADDRESS _____	HOME TEL N° _____
_____	BUSINESS TEL N° _____
_____	MOBILE _____
POST CODE _____	FAX _____
COUNTRY _____	E-MAIL _____

ACCOMODATION DETAILS

PROPERTY	FROM	TO	RENTAL AMOUNT
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
			SECURITY DEPOSIT AMOUNT
			<input type="text"/>

CREDIT CARD DETAILS

TYPE	<input type="text"/>
N°	<input type="text"/>
EXPIRY	<input type="text"/>
CREDIT CARD HOLDER	<input type="text"/>

I hereby authorize Home in Italy Ltd to withdraw the amount of the 30% DEPOSIT of the BALANCE
for the rental of the above property from my credit card. * Delete as applicable

Signature.....

Date.....

I hereby authorize Home in Italy Ltd to withdraw the amount of the **REFUNDABLE SECURITY DEPOSIT**
from my credit card, to cover possible damages caused during my stay at the above property up to a limit of

Signature.....

Date.....