

## CONFIRMATION OF RESERVATION AND AUTHORIZATION TO USE CREDIT CARD DETAILS

E-Mail: info@postazirm.com Fax: +39 0471 836 580

Name			Surname	
Stay	from	to	Name apartment	
AUTHORIZES				
The Pos	sta Zirm Hote	el GmbH to charge	he credit card details stated below according to the following conditions:	
<ul> <li>In case of cancellations more than 61 days prior to the day of arrival, 30% of the amount of the whole stay will be charged.</li> <li>In case of cancellations between 60 and 31 days prior to the day of arrival, 60% of the amount of the whole stay will be charged.</li> <li>In case of cancellations less than 30 days prior to the day of arrival, 90% of the amount of the whole stay will be charged.</li> </ul>				
Euro 100,00 will be charged and registered as an obligatory deposit to your account.  The booking will be finalized after the charge to the credit card has been processed and completed.				
Govern	mental declara	ation of a national or	ill be refunded, and the penalty will not be applied in the following cases egional health emergency in Italy with travel restrictions into the country/region. nments of the country of origin of our guests. b) Closure of the hotel due to a health emergency.	Travel
Plo	ease consid	er to secure the	sk of cancellations by stipulating the suggested travel insuranc	e.
CREDIT CARD DETAILS				
Name			Surname	
Type of	credit card		Card number	
Date of	expiry		CVV Code	

Date

Cardholders Signature for authorization