



Credit Card Reservation Form

Period of stay: _____ In _____ out _____

Rooms: _____

Accommodation: Days in Bed & Breakfast _____ Rates _____

Days in Half Board _____ Rates _____

Credit card holder:

Name _____

Date of birth _____

Address _____

Phone _____ Fax _____ e-mail : _____

Credit card type _____

Number _____

Expiry date _____

The undersigned declares that Agriturismo Le Cinciallegre is authorized to withdraw the following amount:

Euro _____

That amount is the reservation guarantee.

Signature of the holder

General acceptance _____

Please fill in the form and send it by fax to: +390759272331

For any additional information, please call us.

Cancellation Policy:

We respectfully remind guests that a reservation constitutes a contract, unfortunately we can no longer sustain the loss of a cancellation or curtailment - unless the room can be re-let there will be a charge for nights booked. Bookings cancelled within 14 days of arrival date will be charged full price of total booking. Preceding this a total of 50%.