

Credit Card Payment Form

Kindly complete this form by filling in the fields and printing the page, and fax to Cavtat Turist.
We cannot accept electronic submissions.

THIS SECTION TO BE COMPLETED BY THE CARD HOLDER

Travelers name _____

Reservation No _____

Amount Agreed: KN _____

Cardholder _____

Cardholder billing address: _____

Street _____

City _____ State _____ Zip _____

Card Number _____

Security Code (CVV) _____

Type of Card Visa MasterCard AmericanExpress Maestro Diners

Expiration Date _____

Please initial below and sign for your payment.

I have read and understood all terms and conditions including the terms of cancellation policies which may be reviewed at www.cavtat-apartments-villas.com My signature below constitute acceptance of those terms.

Cardholder's Signature _____

Name _____

Date _____

Please FAX to Cavtat Turist at + 385 20 479 001