

Hotel
Villas Pepitas
Playa Samara Costa Rica
TEL. /Fax (00506) 2656-0747
info@villaspepitas.com

Charge Authorization Form

Date: ____/____/____
Month Day Year

Full Name (BLOCK LETTERS): _____

Passport number: _____ Country: _____

Phone Fax : ____/____/____ E-mail: _____
Country code

Total number of Guests: _____ (Adults: _____ Children under 6 years: _____)

Type of Villas: "One bedroom Villa": _____ Number of nights: _____
of Villas

"Two bedrooms Villa": _____ Number of nights: _____
of Villas

Check in date: ____/____/____
Month Day Year

Check out date: ____/____/____
Month Day Year

Total amount US\$ _____ (Plus 13% of taxes)

I _____ authorize Hotel Villas
Full name of credit card holder (in BLOCK LETTERS)

Pepitas to charge (*) US\$ _____ plus tax (13%) by my credit card number :

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Expiration date ____/____/____
Month Year

Visa

Master Card

Cancellation and no-show policy

- **High/Low Season;** A 50% payment is due at the moment of the reservation. A full refund for cancellations made more than 22 days prior to Check in date. No refund for no shows and cancellations made less than 21 days prior to Check in date. (*) **For no shows, unused portion of services and cancellations made less 14 days prior to Check in date, will be charged 100% of total amount plus taxes.**
- **Easter Week/Christmas-New Year Period;** 4 nights minimum stay. A 50% payment is due at the moment of the reservation. No refund for cancellations, no-shows, or unused portion of services. (*) **For no shows, unused portion of services and cancellations made less 21 days prior to Check in date, will be charged 100% of total amount plus taxes.**

Signature of credit card holder
(the signature must be the same as that on your credit card)