

SERVICE / ACTIVITY BOOKING FORM

FOR IMMEDIATE CONFIRMATION OF YOUR RESERVATION, PLEASE FILL IN THE FOLLOWING FORM IN CAPITAL LETTERS.

PLEASE FAX OR E-MAIL A COPY OF THIS FORM WITH YOUR CREDIT CARD INFORMATION TO:

wedriveyoutuscany@gmail.com

FAX: +39-0577-280782

LAST NAME (CARD HOLDER):.....
FIRST NAME (CARD HOLDER):.....
ADDRESS:
COUNTRY:
E-MAIL ADDRESS:
CODICE FISCALE (Italy only).....
ACCOMMODATION and ROOM NUMBER
NUMBER OF PARTICIPANTS:
ACTIVITY/SERVICE REQUIRED:
DEPARTURE TIME:
TOTAL PRICE:€
PRICE TO BE PAID:€
CREDIT CARD NUMBER:
ACCEPT VISA, MASTERCARD or AMEX
EXPIRATION DATE:

PRIVACY DISCLAIMER

Article 10 Section 675/96 – Notice is hereby given that the sole aim of the gathered data is to be able to satisfy the service required. Such information can also be treated electronically, in conformity with the current laws.

AUTHORIZATION TO CHARGE THE ESTABLISHED* AMOUNT IN CASE OF CANCELLATION

(*See Cancellation Policy)

(signature)

CANCELLATION POLICY: We inform our kind customers that once you have given us authorization, you automatically accept our reservation policy.

In case of payment by credit card, a surcharge of 5% will be applied. No surcharge applies to other forms of payment.