

## Authorization for payment with card

Bookingnumber.....Customernumber.....

Date of arrival .....Date of departure.....

Name of cardpossesser:.....

Cardpossessers date of birth:.....

Cardpossessers address:.....

Cardpossessers telephonenumber:.....

Number of card:.....

Value to(month-year):.....

Visa:..... Mastercard:..... Eurocard:.....

I accept that FunäsdalsFjäll AB make following withdrawal from my card:

First payment.....SEK

Final payment.....SEK

Totally.....SEK

Cardowner signature.....

Date and place.....

**Send by fax or send to Destination Funäsdalen AB**

**Faxnr 0046 (0)684-15589**

**Telnr +46684 15580**

**Address Destination Funäsdalen AB**

**Rörosvägen 30 840 95 Funäsdalen**



Destination Funäsdalen | Rörosvägen 30 | 840 95 Funäsdalen

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