


# HOTEL MA NAZARIES

PERSONAL DATA				
NAME				PASSPORT
ADDRESS			CITY	
COUNTRY			ZIP CODE	
TELEPHONE	FAX.			e-MAIL

INVOICING DETAILS				
ORGANIZATION				VAT NUMBER
ADDRESS			CITY	
COUNTRY			ZIP CODE	
TELEPHONE	FAX.			e-MAIL

HOTEL. Rates per room/ day. VAT included			
HOTEL	LOCATION	DOUBLE FOR SINGLE USE ROOM. BREAKFAST INCLUDED	DOUBLE ROOM BREAKFAST INCLUDED
MA Nazaries 5*	C/ Maestro Montero, nº 12. 18004-Granada	<input type="checkbox"/> 90 €	<input type="checkbox"/> 100 €

BOOKING				
Nº OF ROOMS		CHECK IN	/09/2016	CHECK OUT
				/09/2016
PRICE PER ROOM		X Nº NIGHTS		TOTAL TO BE PAID

PAYMENT	
<input type="checkbox"/>	<b>BANK TRANSFER to HOTEL M.A.NAZARIES Business &amp; Spa</b> BANK: BMN                      IBAN CODE: ES88 0487 3002 6120 0000 1908 ( Please send a copy of the bank transfer by fax or email attached to this form)
<input type="checkbox"/>	<b>CREDIT CARD PAYMENT I hereby authorise</b> Hotel M.A. Nazaries Business & Spa to charge in the credit card provided the amount of: _____ €
	
<input type="checkbox"/>	<input type="checkbox"/>
	
<input type="checkbox"/>	<input type="checkbox"/>
	
<input type="checkbox"/>	
CREDIT CARD HOLDER _____	I Hereby AUTHORIZE Hotel M.A. Nazaries Business & Spa in my credit card the amount of _____ €  Signature (mandatory): _____
CREDIT CARD NUMBER _____	
EXPIRY DATE _____ CVV _____	



PLEASE FILL IN THIS FORM AND SEND IT BY FAX OR EMAIL TO:  
[reservas.nazaries@hoteles-ma.es](mailto:reservas.nazaries@hoteles-ma.es) // Fax 00 34 958 187 601

**IMPORTANT REMARK:** The first night charge will be made within 15 days before the arrival date as Guarantee if the reservation is cancelled.

Los datos personales incluidos en este documento son de carácter confidencial. De acuerdo con la Ley Orgánica 15/1999, de 13 de Diciembre, el titular de estos datos podrá ejercer su derecho de acceso, rectificación y cancelación solicitándolo por escrito a Hotel MA Nazaries / Hograma S.L.; C/ Alhamar 46,48 – 18004- Granada