KING GEORGE
HOTEL
ATHENS
THE
LUXURY
COLLECTION

Communications & Reservations Department
PLEASE REPLY TO RESERVATIONS DIRECT TELEFAX No. 30-210-3228034

AUTHORIZATION FORM

I hereby authorize the King George hotel to charge my credit card with the amount of _____

Name of credit card holder: _____

Company Name (if applicable): _____

Credit card / cc No: _____ / _____

Expiration date: _____ / _____ / _____

Authorized signature: _____

Charges will cover: Room only ☐
Full credit ☐
Other amount ☐

The above mentioned charges are for the reservation:

Name of guest: _____

Arrival date: _____ / _____ / _____

Departure date: _____ / _____ / _____

No of nights: _____

Daily Room charge: _____

Cancellation policy: 24 hours and 72 hours for the suites prior to arrival. If the reservation is cancelled afterwards, cancellation fees for one night will automatically apply. In case of no-show one night's room charges apply.

Thank you,

KING GEORGE, A LUXURY COLLECTION HOTEL, ATHENS
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