



RESERVATION CONFIRMATION AND PAYMENT AUTHORIZATION

Kindly print and sign this form to authorize Doorways, Ltd., to charge to your credit card listed below (**VISA, AMEX or MasterCard**) for the amount of the rental and any fees. **Please fax it to Doorways at 610-520-0807.**

Please alert your credit card company in advance that you will be charging an amount greater than your customary spending pattern to avoid denial of your card or freezing of your account.

First Name _____	Last Name _____
Address _____	City _____ State _____ Zip _____
Home phone _____	Work phone _____ Cell phone _____
Fax _____	Email _____

Name of property _____
Dates of Rental: Date in _____ Date out _____
How many nights? _____ Total number of people occupying the villa _____
Number of Adults? _____ Number of children and their ages? _____

CALCULATE THE TOTAL RENTAL COST	
Property rental price _____ x number of weeks _____ =	\$ _____
Any extra fees	\$ _____
Total cost of rental (please pay total cost if arrival is within 2 months)	\$ _____
Deposit (please pay 50% of total now and final 50% 2 months prior to arrival)	\$ _____
Currency Adjustment	\$ _____
Amount authorized to charge credit card (rental payment plus currency adjustment)	\$ _____

I understand that payments are non-refundable according to the financial agreements I have signed in connection with this reservation. I will cover these non-refundable costs with trip cancellation insurance (please circle one):

YES **NO**

Card Type (VISA /MC/AMEX) Number _____ Sec Code _____ Exp Date _____

Print Cardholder Name (as it appears on the card) _____

Authorized cardholder signature* _____ Date _____

**Your signature on this line authorized Doorways, Ltd., to charge your account as set forth above.*