



RESERVATION CONFIRMATION AND PAYMENT AUTHORIZATION

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

First Name _____ Last name _____

Address _____ City _____ State _____ Zip _____

Home phone _____ Work phone _____

Fax number _____ E-mail _____

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 the total cost now 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 the payments made are non-refundable according to the financial agreements that I have signed in connection with this reservation. I will cover these non-refundable costs with trip cancellation insurance YES or NO. If no, I agree to take any risk myself.

Card Type VISA MC Number _____ expiration date _____

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

Authorized cardholder signature* _____ date _____

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

** If this amount is greater than your customary spending pattern, please alert your credit card company in advance to avoid any denial of your card or freezing of your account.