MARITIM
jolie ville
Resort & Casino Sharm El Sheikh

لمن يرغب في الحجز في شرم الشيخ

Standing Credit Card Charge Form Payment

To: Maritim Jolie Ville Resort & casino
Attention: Credit Manager
E-mail: Areservation@src-maritim-jolieville.com
Tel: 002 069 3600 100 Fax: 002 069 3603 115

I irrevocably hereby authorize Maritim Jolie Ville Resort & Casino to charge the requested amount of……. to my credit card

Credit Card Number:

Master Card ☐ Visa ☐ Expire Date: Month/ Year ☐☐☐☐ C.V.V# ☐☐☐☐☐

(Please insert a scanned copy of your Credit Card, both sides, in this area)

Passport photocopy(ID photocopy)
Full address (which) you receive the monthly card bill):-

Subscriber name: _____
Cardholder's signature: _____

N.B. *** Please attach a copy of your credit card (both sides) Very Clear**
*** This standing order cannot be cancelled under any circumstances without our approval**

**** I will not object the authorized amount in the future to the credit card issuer**

**** مع تعهدي بعدم اعتراضي على هذه المبالغ لدى البنك مصدر البطاقة**