



Reservation Form for Credit/Debit Card

Higos #4 Plaza los Faroles
Zihuatanejo, Guerrero, México C.P. 40880
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Please verify the information before send. Don't send if we have not previously accepted your reservation request. Send to info@solimarinn.com.

Name: Date:

Nights: Arrival date (MM/DD/YY) Departure date (MM/DD/YY)

Suite type / quantity: (G) Large (C) Small With Kitchenette Without Kitchenette

Number of PAX: Adults Under 12 yrs old Under 6 yrs old

Approx. time of arrival: Comments:

RESERVATION IS GUARANTEED WITH THIS CREDIT/DEBIT CARD

Card Type: MasterCard (Credit) MasterCard (Debit) VISA (Credit) VISA (Debit)

Name of Cardholder:

Card Number: - - - Expiration Date: CVV Number:

(CVV Number that is printed on the reverse and inside the signature strip. If it has more than 3 digits, only write the last three numbers)

Country where the Card was issued: USA Canada

Bank of issue:

I HEREBY AUTHORIZE HOTEL SOLIMAR INN SUITES TO CHARGE TO MY CREDIT CARD THE AMOUNT OF: (mark only one)

MXN \$ Amount in letters: Mexican Pesos

USD \$ Amount in letters: US Dollars

AS A GUARANTEE DEPOSIT FOR MY LODGING RESERVATION. (Deposit in USD will be charged at its equivalency in MXN)

I UNDERSTAND THIS AUTHORIZATION BY E-MAIL HAS ALL THE LEGAL FORCE REQUIRED BY THE LAWS OF MEXICO IN REFERENCE TO CREDIT CARD CHARGES IN THE ABSENCE OF THE CARDHOLDER.

I have read and agreed to the reservation policies posted on your homepage on the website www.solimarinn.com in reference to charges to my Credit/Debit Card, deposits, cash withholding, and cancellations terms and conditions, and I fully understand this deposit will be forfeited if I do not cancel the reservation before the minimum time as clearly stated on the website.

Signature (as shown on card): _____

E-mail: