

To: AXION RENT A CAR, SANTORINI, 847 00, GREECE Tel 030 22860 81683

FAX : 0030 22860 81893

NAME: _____

ADDRESS: _____

EMAIL: _____

RESERVATION NUMBER (FROM INTERNET): _____ **OR**

PICKUP AND RETURN DATE: _____

CAR MODEL: _____

CREDIT CARD INFORMATION:

Full Name:		Tel:
		Fax:
Address:		
Credit Card :	Number:	*CVV2
Expiration date :	C.I.D. Number(Am.Ex. ONLY) :	
Cardholder's Signature:		

**The last 3 numbers at the back of the card*

**I AUTHORIZE AXION RENT A CAR TO CHARGE MY CREDIT CARD
THE TOTAL AMOUNT _____ OR 20% DEPOSIT _____ FOR THE
ABOVE RENTAL.**

SIGNATURE