

## Sinai Services Head Office

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### Last Minute - Payment Authorization Form

<b>NAME + EMAIL</b>	<input type="text"/>
<b>Certification level</b>	<input type="text"/>
<b>date of last dive + total nr of dives</b>	<input type="text"/>

Please book me in for the following services at:

Red Sea Diving College	X
Red Sea Waterworld at Hyatt Regency Hotel Sharm El Sheikh	NA
Red Sea Waterworld at Taba Heights	NA
Red Sea Waterworld at Ritz Carlton	NA

Mention here the last minute or promotion of your choice	Starting on (Date)
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

In which hotel are you staying?	<input type="text"/>
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I herewith authorize Sinai Services Co. to debit my credit card the amount mentioned below as a part-payment in order to secure my booking.

Amount = 50 Euro
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#### Cancellation policy

I understand that in case of cancellation:

1. A written letter, fax or Email is required.
2. Any cancellations made more than 14 days before booked services will incur an administration charge of €10 per person booked. Any cancellation less than 14 days before booked service will incur a cancellation charge of 10% of the total booked services.

#### Credit card details:

Card type	VISA CARD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MASTER CARD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Card number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Card holder	<input type="text"/>							
Expiry date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
Last three digits on the back of your credit card	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Signature of Card holder: \_\_\_\_\_

Date: \_\_\_\_\_