



"GIFT WEEKEND" PURCHASE VOUCHER STARHOTELS SAVOIA EXCELSIOR PALACE - TRIESTE

**Please fill in, sign and send the voucher by fax to
Customer Care Starhotels at +39 055 3692254 or submit it at the hotel Reception.
Thank you.**

BUYER

Of N_____ "GIFT WEEKEND" voucher(s) for one overnight stay at Euro **159,00** each, Vat included, for Starhotels Savoia Excelsior Palace - Trieste, for a total of Euro_____VAT included.

"GIFT WEEKEND" Beneficiary _____

BUYER's complete address for the shipment of the "GIFT WEEKEND" package(s) and Invoice

City _____ N _____ ZIP code _____
Prov _____ Fax _____ Tel _____

Credit card payment

The undersigned _____
holder of credit card _____
n. _____
expiring _____ authorizes Starhotels S.p.A. to charge the amount of € _____, on his/her above mentioned credit card for the purchase of "gift weekend" package(s). Copy of my credit card (front and rear) enclosed.

Sincerely

Date ___/___/___ Credit card holder's signature _____

NOTE: Electronic credit cards are not accepted (eg.: Visa/Electron, CartaSi Più, etc.).

Bank transfer payment

Please make bank transfer to the name of Starhotels S.p.A. – Viale Belfiore, 27 – 50144 Firenze.
Bank coordinates:
INTESA SANPAOLO Spa - Conto Corrente N. 100000008784 - ABI 03069 - CAB 02800 - CIN U
IBAN: IT38 U030 6902 8001 0000 0008 784 – BIC: BCITITMM

Reason for payment: first name, last name and "purchase of "gift weekend" package(s)".

Date ___/___/___ Signature _____