



"GIFT WEEKEND" PURCHASE VOUCHER FOR ITALIAN STARHOTELS
(the following Starhotels are excluded: Rosa Grand- Milan, Metropole - Rome,
Splendid Venice – Venice and Savoia Excelsior Palace -Trieste)

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

BUYER _____

Of N _____ "GIFT WEEKEND" voucher(s) for one overnight stay at Euro **129,00** each Vat included, for a total of Euro _____ VAT included.

"GIFT WEEKEND" Beneficiary _____

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

City _____ N _____ ZIP _____
Prov _____ Tel _____
Fax _____ VAT _____

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"
packages. Copy of my credit card (front and rear) enclosed.
Sincerely

Date ___/___/___ Card holder's signature _____

NOTE: Electronic credit cards are not accepted (eg.: Visa/Electron, CartaSì 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 – Bank Account N. 100000008784 - ABI 03069 - CAB 02800 - CIN U
BBAN: U03069 02800 100000008784
Reason for payment : first name, last name and "purchase of "gift weekend" package(s)".

Date ___/___/___ Signature _____