

Hotel Payment Form

Company: Street address: Zip code/ City, Country: Dear Ladies and Gentlei We will cover the costs	men,			
□ Lodging□ Breakfast□ Restaurant□ Sauna□ Phone calls□		••		
For our colleague(s):				
Mr/Mrs/Ms: Mr/Mrs/Ms:	Arriva Arriva	al date	Depature date Depature date	
Here you will find our c	redit card details	as a guarante	e for the booking:	
Card No.: Valid until:				
The total of EUR	will !	be effectuated	i by:	
☐ Charging of our c☐ Money transfer (Upon receipt of we will transfer t		otel stay to yo	ur bank account)	
Should you have further	questions, please	e reach us at t	he following telephone	number
Invoice address:		Mailing address	:	
 Company stamp			ate/ Signature	