

Hotel Reservations Limited

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Accommodation Request & Booking Form

Destination or Post Code:	
Event Attending (if applicable):	
Hotel 1 st Choice (if known):	
Hotel 2 nd Choice (if known):	

Guest Name(s)

Title Mr/ Mrs/ Dr	First Name	Surname	Arrival Date	No of Nigh ts	Type of Room	Approxi mate Arrival Time

Budget (if known)	
Meal Basis required	
Special Dietary requirements	
Any Disabilities	

Billing Instructions

Guest Name & Address

Tel No:	E:Mail address:
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- **Guest to settle account directly with hotel**
- **Pro forma invoice to pre-pay**
- **3rd Party credit card payment**
(3rd party credit card authorisation form to be completed by card holder)

We require your credit card details in order to guarantee your reservation.

The hotel may levy a No-show/Cancellation charge on your card. All amendments/cancellation MUST be made via Hotel Reservations Limited to avoid any charges.

Name on Card:

Card Number:

Card Type:

Expiry Date:

Additional
information:
