

CONFIRMATION of RESERVATION

DATE	PHONE	CLERK
	<input type="checkbox"/> HOME <input type="checkbox"/> OFFICE	

ARRIVAL	DEPARTURE	NO. OF NIGHTS	NO. OF GUESTS	ROOM TYPE	RATE	DEPOSIT	CHECK-IN TIME	CHECK-OUT TIME

CREDIT CARD NUMBER	<input type="checkbox"/> VISA	<input type="checkbox"/> M/C	<input type="checkbox"/> A/E	EXP. DATE

COMMENTS

OE 96-06

NOTICE TO GUESTS

THE MANAGEMENT RESERVES THE RIGHT TO REFUSE SERVICE TO ANYONE. WE WILL NOT BE RESPONSIBLE FOR ACCIDENTS OR INJURY TO GUESTS OR FOR LOSS OF MONEY, JEWELLRY OR VALUABLES OF ANY KIND.

OE 90-07

