

Booking Form

To secure your accommodation at Interlude Guest House, please complete the following and send this back by email to info@interludeguesthouse.co.za or fax to 014 7722 972.

Date: _____

Agency / Company / Guest: _____

For Attention: _____

Fax: _____

Email: _____

No of Pages: _____

NOTE: Bookings will only be confirmed upon receipt of full payment.

- Please indicate your reference number clearly on your remittance advice as the beneficiary reference
- Email proof of payment to info@interludeguesthouse.co.za or fax to 014 7722 972
- Please note, without your reference number on all bank payment, the account will be considered unsettled.

COMPANY DETAILS:

Agency / Company: _____

Company Address: _____

VAT number: _____

Voucher No: _____

Contact Person: _____

Tel: _____

Fax: _____

Email: _____

Web: _____

ACCOUNT DEPARTMENT DETAILS (entity responsible for payment):

Contact Person: _____

Tel: _____

Fax: _____

Email: _____

Booking Form

BOOKING DETAILS:

Arrival date: _____

Departure date: _____

Time of arrival: _____

No of nights: _____

Type of room: Double Twin Single

No of rooms required: _____

Meals: Breakfast Lunch Pack

Dietary requirements: _____

** No additional person who's name does not appear on this booking form, will be allowed to overnight at Interlude Guest House.*

GUEST DETAILS:

Company: _____

Full Name: _____

Full Surname: _____

Tel: _____

Cell: _____

Email: _____

GUEST DETAILS:

Company: _____

Full Name: _____

Full Surname: _____

Tel: _____

Cell: _____

Email: _____

I/We hereby acknowledge the booking for (guest name)
from (check in)..... to (check out)..... at Interlude Guest House.

I/We agree to oblige by the Terms & Conditions set out by Interlude Guest House and understand that full payment is due before arrival. In the unfortunate event that I/we cancel the booking less than 24hrs before arrival, do not show up or make a premature departure, I/we understand that I/we are legally bound to settle the full amount outstanding.

Signed: _____

Print Full Names: _____

Date: _____

** For office use only.*

Invoice Reference: _____

Full Amount: _____

Quote Invoiced Paid