

Sample

RESERVATION FORM

Hotel Dörflihof

22 / 6 /1998

Dear Sir,

I would like to make a reservation as follows;

Mr. Ms. Clara Sehseman (CreditCard holder's name)

Address: 12-3 Frankfurt am Main, Kyoto JAPAN

ZIP: 123-4567

TEL: +81-75-123-4567 FAX: +81-75-123-6789

The date of the Check-in 15 / 7 /1998 Arrival Time 17:50

The date of the Check-out 25 / 7 /1998 number of Night 10

Room type Twin number of room 1

number of Adult 1

number of Children 1 Age of Children 10

Credit Card Alps Express

Card No. 1234-5678-9012

Valid dates 10/2001

Message

Please send me written confirmation as soon as possible. Thank you !

Signature Clara Sehseman

RESERVATION FORM

/ /2000

Dear Sir,
I would like to make a reservation as follows;

Mr.Ms. _____(CreditCard holder's name)

Address: _____ JAPAN

ZIP: _____

TEL: _____ FAX: _____

The date of the Check-in / /2000 Arrival Time _____

The date of the Check-out / /2000 number of Night _____

Room type _____ number of room _____

number of Adult _____

number of Children _____ Age of Children _____

Credit Card _____

Card No. _____

Valid dates _____

Message

Please send me written confirmation as soon as possible. Thank you !

Signature _____