



ACCOMMODATION BOOKING FORM

Accommodation you wish to Book

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PLEASE NOTE: All bookings are subject to the conditions attached and must be accompanied by the appropriate deposit unless the booking is made within eight weeks of the commencement of the let when the total rental should be enclosed, together with the security deposit.

NAME.....(Mr/Mrs/Miss)

ADDRESS.....
.....
.....

Contact details:

Office: Home:

Mobile: Email:

Total number of persons:

Consisting of: Adults: Children:

Names of persons want to Rent:

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For the following date:

I have Read the Terms and Conditions of the Contract as Breach in terms could mean loosing the Booking Fee.

I will pay or have paid Booking Fee as

Bank Transfer

Card Payment

Direct Deposit

Cheque

Cash

I have read the Terms and Conditions attached and accepted it; I accept that my booking is for the period stated above or for 6 months minimum term. I am willing to accept responsibility for any breakages.

Signed.....

Date.....

ADDITIONAL INFORMATION: If you need any further information on the property or facilities please do not hesitate to contact us. Please return this form as quickly as possible; if you require a receipt for your subsequent full payment please advise.