

DATE OF FUNCTION : 14-18 NOVEMBER 2016

To : Reservation Department
Tel : 603 8943 2233 ext 8855
Fax : 603 8943 1122
Email: rm@palmgarden.com.my



Confirm

Tentative

FIT RESERVATION FORM

Reservation Amendment Cancellation

Date: _____
 Confirmation No. _____

Guest Name : _____ **Caller's Name:** _____
Company: _____ **Contact No :** _____ (tel) _____ (fax)
E-mail Add: _____ **Returnee:** _____ (Total no. of visits)
Arrival Date: _____ **Arrival Time :** _____ hrs **Departure Date :** _____
Flight Details: _____ (Flight no.) _____ (Arrival time) _____ (Departure Time)

Accommodation Information and Special Request

Room Type	No. of rooms	No. of Pax	Room Only	Additional Breakfast @ RM25.00nett / person	Rate Code	Special Arrangements
Heliconia	<input type="text"/>	<input type="text"/>	<input type="text" value="RM234.00nett"/>	<input type="text"/>	<input type="text"/>	_____
Orchid Twin	<input type="text"/>	<input type="text"/>	<input type="text" value="RM280.00nett"/>	<input type="text"/>	<input type="text"/>	_____
Orchid King	<input type="text"/>	<input type="text"/>	<input type="text" value="RM280.00nett"/>	<input type="text"/>	<input type="text"/>	_____
Anthurium	<input type="text"/>	<input type="text"/>	<input type="text" value="RM408.00nett"/>	<input type="text"/>	<input type="text"/>	_____

Smoking Room Early arrival: _____ (hrs)
 Non Smoking Late check out: _____ (hrs)

* For any early arrivals, we would require to secure the rooms one night before and chargeable at FULL ROOM RATE per room per night
 * For late check out **before 6pm, HALF ROOM RATE per room per night** would be appreciated.
 * For late check out **after 6pm, FULL ROOM RATE per room per night** would be implemented.

Billing and Reservation Instruction

Mode of payment: Personal Account
 GTD by: Credit Card

CREDIT CARD AUTHORISATION FORM FOR THE PAYMENT OF ROOM

I, _____ **NRIC/Passport No:** _____ **hereby undertake to**
pay the following hotel charges of RM _____

Cancellation must be made in writing and will be valid only upon receipt of confirmation from Hotel.

The following cancellation charges will apply:

A fee of TWO nights per room will be charged if the written cancellation is received by the Hotel less than three (3) days prior to arrival date for FIT.

In case of No - Show, the hotel will charge the whole stay of the bookings accordingly

Please debit my credit card account accordingly for the above charges incurred:

Signature as per credit card

Type of credit card : _____
Credit card number : _____
Visa/Master ID number : _____
Expiry date : _____
Cardholder's address : _____
Cardholder's Telephone number : _____
Remarks : _____

Please enclose photocopy of front and back of credit card with cardholder's specimen signature on credit card

House Use <input type="checkbox"/>	Remarks: _____	Taken by: _____ Date: _____ Keyed in by: _____ Date: _____
Comp <input type="checkbox"/>	_____	
Upgrade <input type="checkbox"/>	_____	
Special Rate <input type="checkbox"/>	_____	
Recommended by : _____	Approved by: _____	
Name	General Manager	