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| **Guest Name :** | | |
| Rates: Rs.6500 on Single occupancy per night | | |
| Rs.7500 on Double occupancy per night | | |
|  | | |
| Check-in date: | Flight no. for airport pick up : |  |
| Check-out date: | Flight no. for airport drop : |  |
| Number of rooms : | Meeting Code: ARWA 2019 | |
| No of Adult(s): |  | |
| NOTE: Kindly fill booking form and send it to [virender@bogmallobeachresort.com](mailto:virender@bogmallobeachresort.com) & [resvn@bogmallobeachresort.com](mailto:resvn@bogmallobeachresort.com) | | |
| Kindly fill the credit card details on Page 2 to guarantee your booking and final amount can be paid on arrival or departure | | |
| **The above rate is inclusive of:**   * **AC airport Transfers** * **Non-alcoholic welcome drink on arrival** * **Centrally air-conditioned sea facing room** * **Tea / coffee makers in the rooms** * **Buffet Breakfast at our multi-cuisine restaurant. (As per Standard buffet layout)** * **Complimentary use of swimming pool & fitness center with proper attire** * **All applicable taxes** | | |
| **Check in time at the resort is 1400 hours and check out time is 12 noon,** , ***Kindly book room from previous night in case of early morning check in.*** | | |  |
| **CANCELLATION POLICY:**  ·           Room if released 15 days prior to arrival date – 25% deduction of total stay charges  ·           Room released between 10 days prior to arrival – 50% deduction of total stay charges  ·           Room released less than 7 days prior to arrival – no refund | | |  |  |  |
| Hope the above is in order as per your requirement; in case of any clarification please feel free to contact the undersigned.  We look forward to welcoming you and your guests at the Bogmallo Beach Resort, Goa.  **Warm Regards, Virender Singh | Sales & Marketing Manager| Bogmallo Beach Resort |** P.O Box- Bogmallo ,Goa - 403806 | Mobile No: 07709790669 | Tel: 0832-7131000/7131248 E-Mail : [**virender@bogmallobeachresort.com**](mailto:virender@bogmallobeachresort.com)  **logo.jpg**  **Credit Card Authorisation Form**  Dear Sir/ Madam  This form has been created in order to allow you to have third party expenses charged to your credit card. Please provide all the information requested below to ensure prompt processing of your application. We ask you to please sign and date the form before submission.  **Card Holder Information**  Name as it appears on the credit card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Card type: Visa MC Amex  Account type: Individual (personal credit card)  Corporate I Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Account number : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp. date : \_\_\_\_\_\_\_\_\_  Address : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City, State and Zip : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone number : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax or alternate number : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Guest Information :**  Guest name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Company : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone number : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax or alternate number : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Arrival date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Departure date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Relation to cardholder: Relative Friend Business Associate Other : \_\_\_\_\_\_\_\_\_\_  **Rate Information and Approval Charges**  Rupees ( Rs )  I certify that all information is complete and accurate. The detail mentioned above is to guarantee the booking and final amount will be paid on arrival to hotel.  Cardholder name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Cardholder signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date : \_\_\_\_\_\_\_\_\_\_\_ | | |  |  |  |