



HOTEL WARSZAWSKI

Poland

31-154 Cracow, Pawia street 4-6

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SWIFT: BPH KPL PK IBAN: PL

e-mail: repcja@hotelwarszawski.pl / http: www.hotelwarszawski.pl; www.hotelwarszawski.eu

DATE:

TO:

R E S E R V A T I O N F O R M

CORRECTLY FULFILLED ALL BELOW POINTS WITHIN THE RESERVATION FORM ARE BASIS FOR THE BOOKING TO BE ACCEPTED BY THE HOTEL AND TO RECEIVE A BOOKING-CONFIRMATION

- | | |
|--|--------------------------------|
| <input type="checkbox"/> First name + surname of the credit card holder
..... | Room-type
..... |
| <input type="checkbox"/> Permanent address of the credit card holder
+ address for correspondence – if different
from the permanent address
..... | |
| <input type="checkbox"/> Fax number
..... | Term of booking
..... |
| <input type="checkbox"/> Credit card holder's passport no.
..... | |
| <input type="checkbox"/> Credit card number
..... | |
| <input type="checkbox"/> Date of expiration
..... | Room-rate per 1 night
..... |
| <input type="checkbox"/> 3-numeral control no. from the reverse
of the credit card (situated at the signature line)
..... | |
| <input type="checkbox"/> Credit card holder's signature
..... | |